This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

Usage guidelines

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

+ *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.

+ *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.

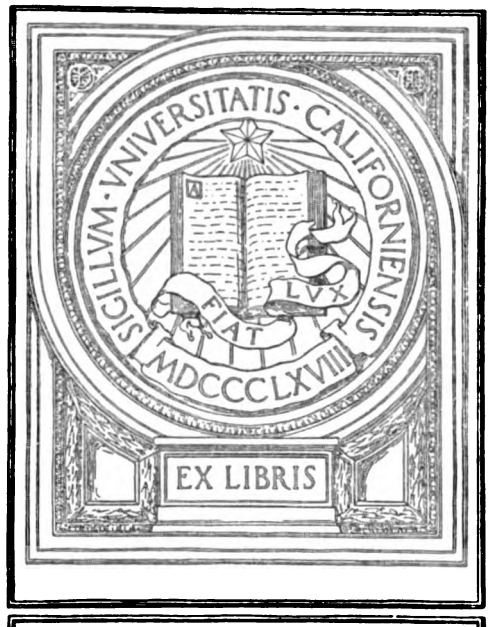
+ *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.

+ *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at `http://books.google.com/`

UNIVERSITY OF CALIFORNIA
SAN FRANCISCO MEDICAL CENTER
LIBRARY



Digitized by Google

Digitized by Google

Digitized by Google

Digitized by Google

Digitized by Google

The Medical World.

VOLUME XV.,

1897.

C. F. Taylor, M. D., Editor.

THE MEDICAL WORLD,
1520 Chestnut Street,
PHILADELPHIA, PA.

Digitized by Google

Digitized by Google

YEARLY INDEX

FOR

THE MEDICAL WORLD

VOLUME XV, 1897.

	PAGE
Abdominal Plethora	162
Abortion, Charge of	143
Acetanilid in Malaria	68
Acne	301, 314
Aconite Poisoning	227
Active Principles	475
"Ager"	286
A Hint	34
Albuminuria, Arbutus for	108
Alcohol a Depressant.	453
Alcohol, Fearing Opium, yet playing with	247
Alcohol, The Giving of	331
Alcoholism	149
Alcoholism," "Strychnine Cure of	34
American Medical Association, The Semi-Centennial Meeting of the	211
Anatomical or Surgical?	33
An Active Campaign Ahead	397
Anti-Tubercle Serum, Experience with	162
Anti-Vivisectionists, Questions for	310
Anesthesia, Atropine in	109
Anesthesia, Earliest Record of	34
" Safe	151, 333
Anesthetics in Labor	223, 295
Antitoxin	12, 281
" in Croup	115
" Diphtheria	229
" in Diphtheria 7, 8, 9, 10, 11, 115, 180, 183,	291
" Dosage	390
" in Membranous Croup	183
" Meditations on	141
" in Private Practice	39
Aphonia	261
Apoplexy	4
" a Very Short Talk on	6
Appendicitis, According to the Authorities, The Treatment of	212
" Complicated with Pregnancy	501
" Complicating Pregnancy	158
" Grape Seeds and	169
" ? Was it	204
Arbutus for Albuminuria	108
Aspidospermine	135
Asthma	49, 300
" Caused by Uric Acid	114
" For Hay Fever and	316
" Whiskey and Salt Treatment for	30
Ataxia, Vacuum Treatment of	119
Atropia Combination, The Morphia and	191
" Do More Harm than Good When Given with Morphia? Does Not	99
" Morphia and	144
Atropine and Morphine	135
Atropine in Anesthesia	109
Atypical (Typhoid Malarial) Fever	399
Auto-toxemia	250
Ayer's Cherry Pectoral	476
"Ayer's Hair Vigor"	128
Baby's Bath, The	346
Bateman's Pectoral Drops	331
Belladonna Poisoning	419
Bell's Palsy (Facial Paralysis)	33
Bengal College of Physicians and Surgeons	55
Beta-Naphthol as a Summer Remedy	276
"Bilious Colic."	98
" " That Case of	163
Biological Laboratory, An Inspection of Parke, Davis & Co.'s	126
Bismuth, Proper Doses of	331
Black Eyes	337, 359
" Eye, For	431
Boschee's German Syrup	476
Bowel, Impaction of	200
" Troubles of Children, For	341
Bowels, Due to Intussusception, Gangrene of	94
" Emptying the	92
" Inflammation of the	200
" Obstruction of	18
" or Congestion of the Stomach, Which? Obstruction of	197
Brain Trouble	517
Braying Brayton	487
Breasts, Supernumerary	301
Bright's Disease	103, 371
" " Pregnancy in	75
Bronchilline	522
Bronchitis	491
" The Cause of	445
Brown's Bronchial Troches	476
Bubonic Fever	55
Buckler's Croup Mixture	476
Bull's Cough Syrup	476
Burns, and How I Treat Them	189
" by Gas in Coal Mines	123
" Caused by Gas	137
" Creolin for	157
Burns, Dressing for	102
" Treatment of	139, 189
Business Methods, A Word About	486
" Side, An Episode From the	332
" Side, The	411
Calcium Sulphide	323, 335, 377, 508
" " Observations on	324
" " of	378
" " or Heper Sulphuris	325
California, Southern	98
Cancer, Bloodless Treatment of	123
" Cure, Arsenious Acid Again Brought out as a	392
" Cures	136
Cancerous Growths, Removal of	163
Cancer with Marsden's Paste, Treatment of	201
Catarrhal Powder, Birney's	522
Catarrh, Sauff for	303
Cerebral Hemorrhage	66
Cerebral Anemia	419
Change of Life and Grip	308
Childbirth, Death in	295
" Obscure Death Twenty-four hours after	226
Children's Diseases, Points in Treatment of	341
Child's Cough Mixture	478
Chloroform in Labor	114
" On the Use of	458
Cholera Infantum	274, 336
" " Cold Water Treatment for	278
" " A Successful Treatment of	275
" Morbus, Saline Solution Subcutaneously for	423
Chorea	333, 378
Cinnamon as a Disinfectant, Oil of	81, 119
" as a Dressing, Solution of Oil of	187
" in Surgery	118
" Water as a Dressing	423
Circumcision, A Plea for	124
Class-Room Notes 40, 83, 126, 168, 213,	256
Clavicle in Position, How to Retain a Fractured	6
" Treatment of Fractured	25
Cleary's Asthma Powder	477
Clergyman's Views, A	75
Clubbing Department	133
Cocaine Addiction	178

Digitized by Google

PAGE

Cocaine for Tetanus 151
Coldness of the Extremities in Women 186
Colds, Treatment for 448, 501
Cold Surface 122
Cold Weather, Notes on Diseases Incident to 446
Collect a Bill, One Way to . . 424
Collections and Hard Times for the Doctor, anent 379
Collections, Concerning 469
Collections? How Are 514
Collections? How are Your 309, 355, 412, 513
Collective Investigation of Infantile Scurvy 431
Conception be Legitimately Prevented? How May, ... 106
Conception Justifiable? When is the Prevention of 47
Conception, Means of Preventing 151
Conception, Prevention of . . 21, 51, 106, 107. 122, 133
Conception, The Classes Who Prevent 104
Consecrate Your Work 345
Constipation 426
Consultations. The Ethics and Amenities of 285
Consumption 162, 169
Consumption, Cured of 426
" Treatment. 488
Convulsions in Children, Cool Sponging for 287
Convulsions, Puerperal. See Puerperal. 512
Copulation Through the Urethra 240
Cornea, Ulceration of 378
Corpus Cavernosum, Induration in 121
Correction 82, 121, 336, 472
Coryza 490
Cough, For 120
Cough Mixture Wheelock's . . . 522
Coughs and Colds 448
Coughs and Colds, Treatment for 491
Coughs, For 54
Cough Syrup, White's 521
Craigh Colony for Epileptics . 45
Creasote for Tuberculosis, The Vapor of 335
Criminals be put to Death? How Shall 46
Crying in Children, Cure for . . 126
Croup, Antitoxin in 115
Croup.Antitoxin in Membranous 183
Croup, Diphtheria? Is Membranous 117
Croup, Membranous 162, 229, 295, 462, 463, 504, 510
Croup? What About Antitoxin in Membranous 11

Delicate Subjects Cannot be Discussed Publicly. 107
Dellenbaugh's Cough Cure . . . 477
Dementia. 101
Dengue, not Yellow Fever . . . 497
Depilatory 520
Diabetes Mellitus 205
Diabetic Patient, Pain in Feet in a 517
Diarrhea be Inherited? Can. . . 17
" can be Inherited . . . 249
" chronic. 207, 411
" for Chronic. 266
" in Children 278
" inherited. 284
" in the Aged 160
" The Discharges in Infantile 339
" Therapeutics of . . . 282
Diarrheas, Dosimetric Treatment of Summer 278
Diarrheas of Children 371
Diphtheria. 205
Diphtheria Antitoxin 229
Diphtheria, Antitoxin in . . . 7, 8, 9, 10, 11, 115, 180, 183, 291
Diphtheria, A Trial of Antitoxin in 71
Diphtheria? Is Membranous Croup 117
Diphtheria Mortality 12

PAGE

Diphtheria, My Experience With Sulphur and Charcoal in Treating 299
Diphtheria. The Sulphur and Charcoal Treatment of . . 181
Diploma Mill Again. Wisconsin. 69
" " A Wisconsin . . . 89
Diploma Mills, War on 67
Dirt Eater, A Two Year Old . . . 277
" Eating 323
Disinfectant, Oil of Cinnamon as a 31, 119
Doctor's Wife, From Another . 99
"Doctor's Wife," More from a . 155
"Doctor's Wife." More Pointed Remarks from a . . . 12
Doctors' Wives 331
Don't's 434
Dosimetric Practice, Ten Years of 195, 237, 287, 326, 373
Dosimetric Treatment of Summer Diarrheas 278
Dropsy by Removal of Ovarian Cyst, Cure of 246
Dropsy Cured by Salivation . . 67
Dropsy, Epsom Salts Cures Two Cases of 186
Drug Habit, The 111
Dysentery 205, 283
" Dilatation of Anus for 254
" For 372
Dyspnea 30
" Remedy for 135

Ear Ache 374
Ectopic Fetation in the Lower Animals 159
Eczema 204, 419
" of the Feet 314, 388
" of the Feet, Chronic . 308
" Ointments for . . . 333
" Palmar 210
Edema, Rapid Reduction of . 464
Elbow Joints, Examination of . 428
Electricity, On the Use of . . 82
Emphysema, Pulmonary 100
Enteric Fever 451
Entero-colitis, So-called "Summer Complaint" 279
Epilepsy . . . 240, 253, 361
" Ear Trouble the Cause of 63
" Tobacco as a Cause of 62
Epileptics, Colony Management for 45
Epileptoid Convulsions 338
Epistaxis. Periodic 419
Erections, Treatment for Nightly 462
Erysipelas of the Face 432
" Treated by Turpentine, Facial 167
Ether in Obstetrics 148
Ethical Questions. Some 310
Ethics, French Code of 255
Examinations, Questions from West Virginia 518
Expectorant, Stokes' 521
"Extro-Cardia" 49, 137
Eye Two Years—Its Removal. Foreign Body in an 150
Eyes by Gunshot Wound Without External Deformity, Destruction of Both 497
Facts, Worn-out 488
Fecal Abscess 455
" Impaction 250
Femur and Humerus of Child, Fracture of 101
Fevers, An Aid in the Treatment of 145
Fever, That Curious 56, 158
Fireside, By the 443
Florida Climate for Tuberculosis 54
Fly Paper, Sticky 304
For "A Tough Case" 72
Formulæ of Patent Medicines 388
Formulas 476, 520
Frenum, Short 207

Gall Stone, A Large 26
Gastro-intestinal Catarrh . . . 18, 48
General Debility 416
Glands, Enlarged 304

PAGE

Gleet 20
Gombault's Caustic Balsam . . . 519
Gonorrhea. Creasote in 336
" Methyl Salicylate in the Treatment of . 246
" Obstinate . . 201, 314
Goiter 448, 486
" Wanted, Treatment for . 429
Gooche's Mexican Cough Syrup 477
Good Samaritan Cough Syrup . 477
Gout Specific, Reynold's . . . 521
Grandmother's Own Cough Remedy 477
"Grip," Camphor for . . . 91
Growths in His Penis 430
Guaiacol Locally as an Antipyretic 192
Gull's Cough Mixture 477
Gunshot Wound of the Abdomen Without Wounding the Intestines 297
Gunshot Wound, Remarkable . . 287

Hair, For the 300
" Removal of Superfluous 73
" Renewer, Hall's Vegetable Sicilian 304
Hall's Catarrh Cure 477
Hay Fever . 300, 314, 343, 377
" Fever and Asthma, For . . . 316
Headache 314
" Cure for 333
" Elixir, Non-depressant 481
" Severe 303
Health, Going off for 314
" "The Big Four" Route to 265
Heart on the Outside 25, 128
Heiskell's Tetter Ointment . . . 478
Hematocele. Hernia Pudendi, Complicated by . . . 512
Hemorrhage Due to Quinine . . 6
" From the Kidney 128
" in Labor? Does Quinine Favor . . 372
" Post Partum . . . 210
Hemorrhoids 163, 486
Hepatitis, Acute Suppurative . . 293
Hernia, Injection Cure of . . . 337
" Pudendi, Complicated by Hematocele 512
Hernia, The Injection Treatment for the Relief and Cure of . . . 467
Hiccup 220
Hiccups. Persistent 196
Hodgkin's Disease 165
Homeopathic Indications 318
Hospital Association, The Fifty Cent Co-operative . . . 196
Hot Air Treatment, The Local . 2
Hour Glass Contraction 118
How Are You Doing It? What Are You Doing? and . . 485
" are Your Collections? . . . 309, 355, 387, 412, 513
" to Retain a Fractured Clavicle in Position 6
Hydrophobia. Concerning . . . 492
Hyper-sensitiveness and Meagre Ability 177
Hypnotic Suggestion 26
Hypnotism as a Cure for Shortness of Breath 267
Hypnotism, Cases Cured by . . 167
Hysteria 388
" and Neurasthenia . . . 201
" For 372
" Treatment of. 221

"Ichthysote" 333
Impetigo, Contagious 179
Impotence 165, 507
Incontinence of Urine 162, 313
Index Book 205
Individualization 31
Infancy, Unnecessary Medication in 164
Inflamed Tonsils 296
Influenza? Is This a Form of . 193
"Insomnia Habit" and Its Treatment by Natural Methods, The 187
Insult and Plagiarism 398
Insured? Are You 87

Digitized by Google

PAGE

Intestinal Antiseptics 358
Itching After a Burn Has Healed 6
" After a Burn Has Healed, for 72
Ivy, Poison 236

Jackson's Cough Syrup 476
Jag, Best Treatment for a 375
Janeway's Pills 434
Jaundice 160
Jayne's Expectorant . . . 477
Journalistic Brethren 263
Justice, Not Charity, but . . . 176

"Karezza" 448
Kidney, Hemorrhage from . . 99, 194
" Trouble, Remedy for . 340
Knee Joint Trouble 193

Labor, Anesthetics in 233
" Case of Painless 83
" Chloroform in 114
" Ergot in 302
" Quinine in 302
La Grippe 265
Laws in Different States, Medical 211
" of the States, the Medical 473
Legal Decisions Affecting Physicians 125
Legislation, Medical 132
Legislatures, Physicians Elected to 8
Legitimate Medical Journalism . 465
"Let Reason Reign and Passion Serve" 348
Liniments, Cheap 76
Liver and Stomach on the Outside 169
Lodge Practice Evil, The 20
Lumbago, Dry Cups for 210
" Quick Relief for . . . 164
" Quick Remedy for . . 73
Lung, Worm Coughed from the . 3:9
Lupus Treated with Sunlight . . 297

Malaria, Acetanilide in 63
" The Specific Action of Quinine in 391
Malarial Paroxysms, Cause of . . 476
Malpractice, Slander and 149
Mark, Port Wine 93
Marriage, Social Purity and . . 254
" Question, The . . . 155, 321
Masturbation 338, 3:0, 430, 448, 457
" by a Married Woman 430
Materia Medica, Restudy the . . 511
Measles Treated with Sulphide of Calcium 73
Medical Dictionary? Best . . . 33
" Examining and Licensing Boards 220
"Medical Index" 163
Medical Journals Should Not be Lent to Lay Readers . . . 107
Medicine, Natural Aptitude for . 206
" The Trend of 331
Meibom's Pectoral Balsam . . . 478
Membranous Croup 108
Menstruation 29
" Absence of 244
Migraine 426
Milk Can, The Omnipresent . . . 341
" Condensed 356
" Given to Nurslings, The Temperature of 342
Mineral Spring Practice at Home 175
Mistakes, How to Avoid Medical 284
Mistletoe Poisoning 375
Morphia and Atropia 144
" " " Combination, The 191
Morphine Poisoning 144
" To Prevent Nausea Following Administration of 191
" Treatment, A Brief Report on 74
" Users 431
Morphinists, Treatment of Incurable 4
Mortality in 1896 in Thirty-two Large Cities, Rates of 392

PAGE

Mountain Fever, A Peculiar . . 452
Mucous Membrane, Exfoliation of Lingual and Bucal 21
Municipal Aid in the Diagnosis of Typhoid 181

Nasal Ulcer 251
Need of the Times 474
Needs, Some of Our 158
Neuralgia 74
Neurasthenia 108
" Hysteria and . . . 201
Nitro-Glycerin in Bright's Disease 418
Normal Saline Solution 38
Nose Bleed 388
Numbness All Over 388
" and Prickling Sensations 208
Nutmeg Liver 164

Obstetrics With Syncope, and Later Sapremia, A Case in . . 236
Opium, Yet Playing with Alcohol, Fe.ring 247
Orange Blossom 210
Organization 219
Osteo-Malacia 297
Otitis Media Supurativa Chronica 97
Otalgia, For 503
Otorrhea 236
Our Library Table . . . 439, 482, 527
Our Monthly Talk 41, 84, 127, 170, 214, 258, 304, 347, 391, 434, 479, 522
Over-Fatness, Treatment for . . 342

Pain in Right Side, Obscure . . 252
Paralysis 160
" Central 146
Paresthesiae 260
Parturition Mitigated by "Squaw Root," Pains of 245
Patella, Fracture of the 123
Peekskill's Cough Syrup 478
Pension Examining Surgeons . 368
Periodic Epistaxis 419
Permanganate of Potassium in Scarlet Fever and other Poisons 239
Petit Mal 197
Pharyngitis, Chronic 236
Phthisical Patients' Diet 6
Phthisi 78
Physical Improvement of the Race 75
Physicians Elected to Legislatures 8
Physician's Relations to the General Public, The 70
Pin Worms 338, 360, 452
Piso's Cure for Consumption . . 478
Placenta, Adherent 35
" " Dr. Cline's Case of 76
Plagiarism and Insult 398
Placenta Pervia 148
Played-out Men and Women . . 33
Pleasant Chat 61
Pneumonia 50, 52, 140, 141, 161, 205
" A Peculiar Case of . 501
" Antiseptic Treatment of 232
" Discussion, An Outsider's Comment on the 111
" following Grip, Subnormal Treatment in 192
" Recent Expressions of Modern Views of 166
" Sub-normal Temperature in 139
" Treatment of . . . 51
Poisoning by Native Plants, Similar to Belladonna Poisoning . 466
Post Mortem Examinations, Importance of 376
Post Mortems 457 494
Post Partum Hemorrhage, Prevention of 519

PAGE

Post Partum Hemorrhage, To Prevent 252. 295
Practical Points . 396, 441, 488, 528
Practicing, Requirements for . . 444
Pregnancy, Appendicitis Complicating . 158, 501
" Diagnosis of 186
" Extra Uterine . . 504
" For Vomiting of . . 469
" in Bright's Disease 75
" in the Lower Animals, Extra-Uterine 159
" That Twelve Months' 290
Pregnant, One Year 96
Prescription Points 227
Presidents, Burial Places and Causes of Death of Our 433
Privacy Disappearing? Is . . . 211
Procidentia Recti 373
Professional Liberality 432
"Prosperity" in Canton, O. . . . 472
Prostatic Irritation 428
Prostatis 456
Protection to Legs When Riding Horseback 283
Pruritus 251
Pruritus Ani . . . 49, 194, 250, 253, 293
Psoriasis gyrata 236
Puerperal Convulsions 512
" " at Six Months 300
" " Veratrum Viride in 421
" Eclampsia . . . 66, 101
" " Cases of . . 64
" " Veratrum Viride Hypodermically in 296
" Sepsis 298
Pulmonary Emphysema 100
" Tuberculosis, Tobacco a Preventive of . . 223
Pulsatilla 34
Pulse, Slow 244
Punishment to Fit the Crime . . 391
Purpura Hemorrhagica 33
Purpuric Case 59

Quebracho 135
Questions 300
Quinine—Treatment of Typho-Malarial Fever, Substitute for . 252

Recognition of Diplomas 360
Red Star Cough Cure 478
Reform 4
Removing the Drink Crave, Action in 448
Renal Calculi 429
Reply to Doctor Lockhart . . . 160
Requirements for Practising . . 444
Rewards in the Approval of Conscience 482
Rheumatic Ointment 521
Rheumatism 206
Rhinitis 236
Rhus Poisoning, Permanganate Potass for 244
Rhus Toxicodendron 84, 76
Rotheln 496
Royal Catarrh Cure 476
Rutland Aided Medical Legislation 220

Saddle Lamps and Rug 283
Samaritan Nervine, Dr. Richmond's 520
Scalp Diseases, New Hats May Spread 248
Scarlatina 205
Scarlet Fever and other Poisons, Permanganate of Potassium in 239
Schenck's Pulmonic Syrup . . . 521
Scrofula 32
Scrotum an Indication of Illness in a Male Infant, A Pendulous 194
Scrotum, Pendulous or Relaxed . 248
Seasonable Therapeutic Points, Some 499
Self-Prescribing 111

Digitized by Google

PAGE

Sending Patients Away from Home, Some Thoughts Relative to 103
Sexology, Neglect of 102
Sexual Neurasthenia 507
Sexual Weakness and Diseases of the Urethra 504
Sickly Women Marrying 135
Slander and Malpractice . . . 149
Sleep Walking, Sure Cure for . . 431
Smell in Diagnosis, The Sense of 120
Smith Bros.' Cough Drops . . . 478
Snake Venom, Experiments with 143
Sobering a Drunken Man . . . 319
Social Purity and Marriage . . . 254
Sodium Chloride (NaCl.) 519
Southern California 489
Specialists—Comments 249
Specialist, The 96
Special Organs, How to Act on . 76
Spelling, Improved 264
"Squaw Root." Pains of Parturition Mitigated by 245
Squaw Root Tea Anything to do with it? Had 82
Steps 181
Stirpiculture 21
Stomatitis, Catarrhal 49
" Ulcerative 31
Stricture 121
Strychnia Poisoning, Veratrum for 234, 291, 334
Strychnia Poisoning with Recovery 61
Strychnia, Safe Way to give . . 431
Study up Your Cases 268
Suggestion, Relief by 71
Sulphide of Calcium . . . 294, 336
" " " Measles Treated with 78
Sulphide of Calcium—See Calcium.
Sulphocarbolates 352, 403
Summer Complaints . . . 280, 318, 330
"Summer Complaint," Drainage and Antisepsis in 265
Summer Complaint, Hygiene vs. Drugs in . 273
" " in California. No . 273
" " in Children 277, 283
" " in Indian Territory . 319
" Diarrhea . . . 272 319
" " in Children Under Two Years of Age . . . 272
" Diarrhea of Children 269, 270, 275, 316
" Diseases . . . 268, 271
" " of Children . 278
" Remedy, Beta-Naphthol as a 276
" Troubles 320
Suppositories, Convenient and Inexpensive 296
Syphilis 330
" Treatment of 81, 237

Tabulate Interesting Articles How do you? 78
Tachycardia 79, 93
Talk with Our Readers 3
Tapeworm in a Rabbit 122
" New Treatment for . 81
" " Vomited a 339, 423
Taxing Physicians 346
Tel-el-Kebir 55
Temperature in Pneumonia following Grip, Subnormal . . . 192
" in Pneumonia, Subnormal . . . 139
" Sub-normal . . 235, 321
Testicles had never descended into Scrotum 378
Tetanus 149, 508
" A Case of 509
" Cocaine for 151
Thiosinamine 37
Thorn's Cough Mixture 478
Thyroid Therapeutics, Tenative . 170

PAGE

Tic-Doloureux 78
Tight Lacing 482
Tinnitus 35
Tobacco 295
" and Tuberculosis . . . 424
" as a Cause of Epilepsy . 62
" Evils of 292
" Habit and of Tuberculosis, Theory and Therapy of 464
" in Tuberculosis . . . 340
Tongue, Coat'd, Long Continued 26
Tongue Coated, of Singular Obstinacy 49
Tonic, An Anti-Malarial 455
" Celery Compound 424
Torpid Liver, For 423
To the Members of the Medical Profession 29
Tough Case, A 34
Tremor 137
Tremor of Hand 134
Triplets 198
Truth from Everywhere 486
Tuberculosis, Florida Climate For 84
" The Climate of Southwest Texas for. 426
" Theory and Therapy of Tobacco Habit and of . . 464
" The Vapor of Creasote for 335
" Tobacco and . . . 424
" Tobacco in 330
" Serum and Pilocarpine, Hypodermically for . . 495
Turpentine, Pure Oil of 336
Twelve Months' Pregnancy . . 134
Twins in Uterus, Death of . . 96
" With Locked Heads . . . 191
Typhoid, Certain Test for . . . 79
Typhoid Fever, 295, 309, 357, 362, 365 375, 399, 404, 405, 407, 411, 418
" " An Earnest Expression on . 410
" " Diagnosis and Treatment of . . 361
" " Have You Changed Your Treatment of? 355
" " One Hundred Cases of . . 390
" " Prevention of . . 407
" " Resembling . . . 69
" " Treatment for . . 409
" " Two Items in . . 449
" " Variously Treated 450
" " Woodbridge on . 380
Typhoid? Is it 368, 408
" The Palms in . . . 504
" Municipal Aid in the Diagnosis of . . . 131
" or a Fever Resembling Typhoid, in Kentucky and Tennessee. 57
Typhoid or Enteric Fever . . 364
Typho-Malarial Fever. Substitutes for Quinine Treatment of. 252

Ulcer 163
Ulcer of Leg. 122
Ulcer of the Leg, Treatment. of . 185
Ulcers, Leg 184
" Old Leg 126
Umbilical Cord Six Feet Long . 128
Union 131
Urethra, Hairpin in 19
Urethra, Neoplasms in the . 20
" Sexual Weakness and Diseases of the 504
Urethral Trouble 161
Uric Acid, Asthma Caused by . . 114
Urinary Tract, For Irritation of the 30
" " Hemorrhage from 165
Urine, Incontinence of 300
Urticaria 28, 49
Urticaria? Why do Strawberries Cause 301
Uterine Trouble 32, 50

PAGE

Uterus, Calcareous Degeneration in the 496
" of a Cow, Amputation of 100

Vacuum Treatment 241
Vaginal Douche, Directions for . 391
" Suppository . . . 120
Value 481
Various Topics 117
Venery, Excessive 282
" Treatment for Excessive 333
Venomous Snake Bites 377
Veratrum for Strychnia Poisoning 334
" Hypodermically for Convulsions 372
" in Strychnia Poisoning 291
" in Strychnia Poisoning and in Eclampsia 377
" Viride Hypodermically in Puerperal Eclampsia 293
" Viride in Puerperal Convulsions . . . 421
" Viride, Norwood's Tincture of 252
Veterinary Requirements of Country Doctors 246
Viburnum vs. Ergot 378, 418
Vomiting in Pregnancy 226
" of Pregnancy, For . . 469
Vulture" Must Go, The "North American 208

Warty Growths of the Genitals, The Treatment of 83
Water 81
" A Clinical Hint About . . 420
What Are You Doing? And How Are You Doing It? 485
Whooping Cough 205
" " , For . . . 446, 520
Wife, A Business 433
Winter Remedies, Some 445
Wit and Wisdom, ... 43, 87, 172, 217, 261, 308, 352
Women, Examination of Unmarried 125
Woodbridge on Typhoid Fever 389
" Treatment, Success of the 87
Worms in Children 520
" (Lumbricoid) For 520
Worn-out Facts 486
Writer's Cramp 78
Yellow Fever 452
" " Dengue Not . . . 497
" " Farce at Galveston, Texas, The 500

INDEX OF AUTHORS AND CONTRIBUTORS TO VOLUME XV.

Abbott, E. W. 86
" W. C. 475
Aikens, N. 210
Acton, Thomas 25
Allen, L. B 140, 293, 331, 411
Anderson, J. T. 52, 206, 512
Andrus, A. P. 79
Apgar, F. A. 491
Armstrong, Jas. 252
Aspinwall, W. B. 513
Atkinson, Joseph 497
Aylesworth, Geo. M. 240
Badger, F. D. 429
Baggott, J. F. 118, 187
Baggot, J. P. 31
Ball, W. F. 426, 462
Barker, I. N. 152
Barnett, J. T. 163, 286, 373
Baylor, R. H. 415

Digitized by Google

PAGE

Baynes, Geo. A. 424
Bell, M. C. 266
Benedict, Fordyce H. 449
" F. W. 183
Benham, F. A. 62
Bennett, H. C. 375, 448
" J. S. 71
Betts, Geo. I. 73
Bishop, Francis M. 36
Blackmer, R. C. 198
Blake, J. D. 31
Blankemeyer, H. H. 381
Blesh, A. L. 362, 379
Boswell, D. 372, 514
Bowen, Berry 496
" R. J. 128
Bowers, Ed. F. 300, 421, 573
Bowman, A. R. 151, 275
" L. D. 35
Boynton, C. E. 164, 426, 515
Brietz, S. J. 430
Brill, J. H. 296
Brodnax, Ben. H. 139, 204
Brown, C. A. 34
" L. C. 333
" S. G. A 124
Brunner, Frank R. 191
Bryan, Dr. 76
Buchman, S. A. 184
Bullock, E. S. 254
Burnham, W. D. 66
Bustirk, J. D 109
Campbell, C. Fitz-Henry 78
" J. C. 148
" T B. 18
Carrick, A. J. 75
Carson, J. Wes. 302
Cassidy, Barsfield 61
Cathell, W. T. 342
Chambers, B. F. 338
Charbonnean, Lionel C. 446
Chew Roger S. 55, 143
Cissell, J K. 298
Clason, R. S. 72
Cline, W. S. 34, 35, 54, 73, 76, 164, 278, 332, 399
Cloyd, A. D. 97, 270
Cohen, I. N. 281, 495
Coleman, W. L. 195, 237, 287, 326, 378, 453, 497
Collier, C. S. 123
Collings, O. P. 428
Conley, C. W. 76
Cooper, C. C. 20
Conover, S. 517
Cooper, W. C. 268, 314, 433
Corbett, J. W. 144
Cornet, E. 334
Cornwell, Alfred 183, 297
Corry, C. T. 56
Corson, Charles B. 302, 319
Cothran, L. 20
Cowan, E. H. 288
" W. H. 191
Crowe, T. J. 291
Cullen, C. R. 233
Cummings, J. C. 279
Cunningham, R. B. 337
Cutter, Ephraim 333
Cuzner, A. T. 70
Daland, Judson 476
Dalton, A. E. 300, 372
Darnell, W. E. 339
Davis, E. P. 341
" J. W. 423
Dearborn, J. J. 304
De Besche, Joh. 297
Dodge H. C. 78
Dolbeck, G. Nelson 165
Downing, E. W. P. 497
Dreher, T. H. 148
Drewry, R. H. 198
Drummond, S. C. 428
Dudley, Hubert W. 145
Duncan, T. C. 445
Edgar, W. R. 391
Edmundson, W. J. 452
Edson, Benj. . . . 111, 187, 285, 421, 492
Edwards, E. P. 201
" T. J. 513
Elliott, J. A. 76
Ericsn, A. M. 107
Erren, C. 30
Erskine, Edward 223, 419
Everts, Dr. 262

PAGE

Ewing, W. G. 467
Fairbanks, Carl 339
Field, F T. 414
Fields, R. H. 504
Folsom, James E. 251
Flower, Sidney 26, 267
Francis, Willard Cyril . . 119, 241, 244
Friedlander, M. 269
Friend, F. Milton 34
Frost, R. S. 338
Gattis, R. L. 32
Gibson, J. W. 11, 275
Gilbert, Luther L. 247
Gilmore, E. E. 141
Gottheil, W. 33, 170
Gould, Geo. M. 29
Gray, W. B. 168
Greenfield, F. G. 52, 228
Grinnell, Fordyce 103
Groton, W. D. 509
Gruice, W. W. 216
Guinn, Ernest E. 206
Guss, H. T. 368
Hale, S. E. 497
Hamilton J. D. 231
Hammond, J. S. 287
Hankins, T. 123
Hannah, Alexander 28
Hard, A. D. 228
Harden, John H. 139
Haring, I. C. 378
Harrington, J. F. 225
Harris, Chas. H. 399
" Dr. 448, 451
Hatch, A. D. 308
Hazlett, H. Foster 108
" J. C. 115, 501
Henry, G. W. 229, 295, 336
Henry, J. A. 123
Hershey, J. A. 210, 519
Hill, F. M. 336
Hine. L. S 37
Hinton, R. L. 379
Hooker, H. H 472
Hostetter, A. H. 301
House, W. B. 120
Howard, R. L. 330
Howell, W. H. 100, 197
Howland H. 98
Hulme. Thos. D. 165
Hunt, A. J. 10, 131, 291
Irwin, T. J. 514
Iuen, F. J. 115
Jameson. G. M. 102, 189, 278
James, William F. 384
Jackson, F. F. 24
Jennett, J. G. 205
Jennings, Geo. N 296
Johns, Jacob R. 510
Jones, G. F 464
" John 240
" W. Thomson 388
Judson W. H 36, 187
Juettner. Otto 420
Kelley, F. L 04
" K M 244
Kellogg, A. C 149
Kelly, J. L 367
Kendig, E. V. 407
Kendrick, C 117
Kennedy, J. W. 115
Kernodle, J. D 207
Ketchum, N. 75
Kidder, W. W 405
King, J. H. C 79
Koehler, H. F 329
Lancaster T. A 221
Landers, J. R. 235
Landry, A. P. 31
Latta, M. M 151, 336
Lawrence, V. E 10
Le Crone T. W. 145
Le Grand, G. F 227
Leslie. M. S. 377
Liggitt. John J. 181
Line, T. H 99, 300
Dink, W. E 67, 246
Leuf, A. H. P. 334
Lewis, A. J 227
" F. N 54
Lockhart, J.W. 12, 67, 141, 186, 229, 365
Lomerson, Frank . . 249, 276, 436, 445
Long, J. I. T. 21, 378, 408
Love, I. N. 81, 265

PAGE

Lowder, W. 33
Lutton, R. M. 82
McCabe, Charles P. 196
McCluney, J F. 199
McCormick, H. C. 390
McCrary, D. Orestus 200
McCreight. S. L 150
McDavitt, Virgil 234
McDonough, J. P. 118
Mackenzie, N. S. 300
Markley, L. R. 278, 429
Martin, J S. 334
" M. T. 471
" R S 423
Mason, R. Osgood 167
Matchette, A. C. 337, 415
Mauser, W. H. 198
Mayer. Dr. 63
Mellick, P. A. 96, 290
Meyers, L. E. 208
Middlebrooks, J. D. 455
Milstead, W. T. 388
Mitchell, A. W. 105
" C. F. 304
Monroe. H. P. 23, 120
Moore, E. D. 409, 413
" J. Nott 122
" M. S. 165, 337
Morris, N. K. 232
Muenich, J. A. 69
Musgrove, Thomas W. 271, 311
Neiberger, W. D. 252
Newlon, W. S. 122
Newth. C. H. 405
Nicodemus, J. D. 516
Oehme, F. G. 325, 458
Olmstead, D. G. 122
Oppermann, A. 163, 318, 412
Ormsby, George F. 74
Paquin, Paul 495
Parks, N. O'D. 303
Parkyn, Herbert A. 187
Parvin, Theophilus 235
Patchen, C C. . . . 146, 273, 333, 508
Patterson, E. L. 254
" O. M. 425
" R. L. 316, 446
Patton, Charles 277, 452
Patton, W. B. 376
Pearce, J. H. 389
Pendleton, Eugene 99 191
Pickerel, J. F. 94
Pickeret, Joseph 301
Pitzer, George C. 505
Playter, Edward 189
Poe, C. 496
Pons, L. J. 251, 284
Powell, Preston 71, 272
Preston, Edgar D. 410, 503
Price, M. G. 323, 511
Purvis, Myles 248
Quinn, E. E. 480
Rawls, Gavin 192
Raymond, E. I. 453
Reed, J. Fleetwood 109
Register, E. C. 391
Rencurrel, Manuel E. 304
Rew, F. A. 62, 74, 245, 377
Rice and Rice, Drs. 278
" H. 30
Rick, J. B. 19
Ridley, R. C. 471
Robertson, Jr, W. S. 244
" Byron 391, 494
" E H. 123
" J. Owen 383
Rockwell, H. O. 194
Rodgers, D. W. 86
Rogers. W. F. 375
Roney, D C. 189
Root, S E. 79
Rose, D. 105, 235, 317
Ross. A. S. 325
Rotter, Oscar 151
Sabal, E. F. 210
Sanborn, E. A. 158, 165, 204
Sauls, J. A. 303
Saunders, H. A. 60
" H. P. 30
Scates, D. W. 404
Schafer, H. 388
Schmidt, G. 95
" Herman 237, 278, 519
Schoenmann, C. W. 503
Schwartz, W. D. 166

Digitized by Google

PAGE

Scott, Chas. E. 363, 371
" E. Challen 434, 464
Seafuse, S. M. 209
Seay, R. W. 282
Seiple, W. G. M. 517
Sellers, J. C. 321
Sengstacken, J. 101
Shafer, W. W. 149
Shaffer, P. T. B. 36
Sharp, J. H. 80
Shauwecker, S. 108
Shemwell, J. W. 160
Sherman, W. N. 273
Shirk, F. M. 469
Short, Robert W. 164
Silvers, E. B. 78, 114, 192
Simmons, D. G. 57, 294, 382
Simpson, J. B. 122
" -Martin J. M. 114
Slicer, J. E 78
Smith, S. M. 496
" R. J. 301
" W. C. 239, 280
Sneed, E. M. 159, 223, 320
Soper, F. 423
Souder, C. Fletcher 467
Spradling, Lewis W. 320
Spohn, J. C. 508
Squire, W. B. 516
Stearns, B. W. 194
Stewart, R. L. 123
Stidworthy, D. B. 79
Strangways, W. F. 343
Swain, J. R. 516
Swineburne, E. R. 196
Tassell, W. H. 364
Taylor, K. 160
" R. A. 14
Thomas, J. H. 360
Thornton, G. G. . . . 64, 197, 201, 462
Torbett, J. Walter 490
Torrance, J. M. 517
Townsend, C. W. 122
Tunstall, E. L. 135
Turbin, L. M. 462
Usher, J. D. 210
Van Dyke, F. H. 520
Walker, L. G. 341
Walling, Wm. H. 337, 507
Walton, A. L. 419

PAGE

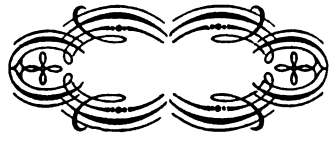
Walton, P. E. 162
Ward, W. D. F. 210, 338
" W. W. 262
Waring, R. P. 8
Warner, W. A. 87
Washburn, I. B. 295, 337
Wassam, A. M. 500
Waters, W. T. 196
Watt, J. M. 275
" J. S. 81, 282, 313
Waugh, Wm. F. 4, 47, 92, 134, 178, 249, 311, 357, 416, 435, 488
Wesson, I. A. 423, 472
Westcott, J. B. 515
West, G. W. 50
Whitley, James D. 9
Whitney, A. B. 292
Willoughby, Emily Capron . . 337
Wilson, C. G. 336
" C. L. 286
Winslow, C. H. 462
Withers, Russell 335
Witney, C. 79
Wolford, M. L. 7
Woodbridge, J. E. 340
Woodruff, A. J. 98, 163
" Wm. 72
Worcester, O. E 490
Yager, E. J. . 77, 101, 120, 159, 203, 334
Yarbrough, H. J. 319
Young, T. E. 472

INDEX OF REVIEWS.

A Daughter of Humanity 307
Anomalies and Curiosities of Medicine 173
A System of Gynecology 439

PAGE

A Text-book of Diseases of Women. By Charles B. Penrose, M. D. 440
A Text-book of the Practice of Medicine. By J. M. Anders, M. D. 528
A Treatise on Appendicitis. By John B Deaver, M D. . . . 532
Betsy Gaskins (Dimicrat) 440
Don't Worry 395
Essentials of Bacteriology. By M V. Ball, M. D. . . . 537
Essentials of Physical Diagnosis of the Thorax 172
Inebriety; Its Source, Prevention and Cure 432
Karezza; Ethics of Marriage . . 440
Lectures on Appendicitis and Notes on Other Subjects. By Robt. T. Morris, A. M., M. D. . 397
Letter to a Prospective Bride . . 440
Manual of Static Electricity in X Ray and Therapeutic Uses. By S. H. Monell M. D. 439
Pathological Technique 527
Premature Baldness and Dyspepsia 440
Secret Nostrums and Systems of Medicine 432
Static Electricity as a Therapeutic Agent 432
Tethered Truants. By W. C. Cooper, M. D 397
The American Year Book of Medicine and Surgery 172
The International Medical Annual for 1897 432
The Practice of Medicine. By James Tyson, M. D. 439
The Treatment of the Sick; a System of Applied Therapeutics By Wm. F Waugh . . . 439
Treatment of Uterine Fibroids . 528
Tuberculosis of the Genito Uinary Organs, Male and Female. By N. Senn, M. D., Ph. D., LL. D. 439
Typhoid Fever and Its Abortive Treatment. By J. E. Woodbridge, M. D. 395



Digitized by Google

The Medical World

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World.

C. F. TAYLOR, M.D.,
Editor and Publisher.

Subscription to any part of the United States and Canada, ONE DOLLAR per year. To England and the British Colonies, FIVE SHILLINGS per year. Postage free. Single copies, TEN CENTS. These rates must be paid *invariably in advance.*

We cannot always supply back numbers. Should a number fail to reach a subscriber, we will supply another, if notified before the end of the month.

Pay no money to agents for this journal unless publisher's receipt is given.

ADDRESS ALL COMMUNICATIONS TO

"THE MEDICAL WORLD,"
1520 Chestnut Street,
PHILADELPHIA, PA.

VOL. XV. JANUARY, 1897. No. 1.

TYPOGRAPHICAL UNION LABEL PHILADELPHIA

1897.

It is well that we have a time for a review of the past, and of resolve for the future. This time with most people is at the end of the old year, or the beginning of the new year. Retrospection is a good thing to indulge in, at least once a year. If we do it discriminatingly we get the full value of our experience. Mistakes made in the past are valueless to us unless we make them help us to avoid similar mistakes in the future. Successes are incomplete unless we make stepping stones of them to lead us to greater victories.

Introspection is as important, and it should be done far oftener than once a year. By looking inward we learn to know ourselves; and everyone should know himself as well as possible. It not only leads to a modest estimate of one's self, but it helps to strengthen weak points in our character. Vanity lodges in the breast of only him who knows not himself; vigorous and oft-repeated introspection is a sure cure for it, for none of us have much to be vain over. On the brink of the ocean of truth, all we finite mortals can hope to do is to gather a few pebbles along the shore. In comparison with what there is to be known, and what should be done, what we can ever hope to know and do can never make us vain. But yet we need not take a hopeless view. While an individual can do very little, yet many individuals striving earnestly and patiently can do much—have done much. Think of the changes in the practice of medicine since you entered the profession! Think of the improvements in the last ten years. Now, please, review in your mind all that you have learned during the year just closing. If you have striven earnestly, you will find something to think about. Yes, and why not write about it? Would it not be well to send the fruits of this yearly retrospection to THE WORLD, so that all may have the benefit of the experience of each? But retrospection should be se-

Digitized by Google

vere, else it does but little good. Be as severe on yourself as possible, and you will be benefited all the more, and your experience will be all the greater interest and benefit to THE WORLD family. Send us the mistakes you have made, as well as the successes yon have achieved. Let our sanctum be your confessional; your name and address will be held in the strictest confidence when desired.

Introspection is more of a private matter. It is a study of your inner self, while retrospection is more of a review of things, and usually of your relation to them. Now is the time for both.

Let us first know ourselves thoroughly, then grasp the fruits of the past, and go forth to meet the coming year with a resolve to do better work, to be better men, to make 1897 better than 1896 or any year previous. This is the only way we can progress. Life is short, and as a wag once said, "We will be dead a long time." We can live but once, and there is enough to do in our short span. Shall we do it, or leave it for those who will follow? There is only one opportunity for each to do his part. That opportunity is in the "to-day" of each one's life. It must be decided and done during that "to-day." What has 1896 contributed? What will 1897 contribute?

We are nearing the grand time of retrospection—the end of a century. These closing years are the "home stretch" of the most remarkable century that the world has ever seen. To-day may seem like yesterday; this year may seem much like last year; but when we measure by centuries the difference is vast! This vast difference is the result of daily, patient efforts. You can contribute something to it during 1897. Will you do it? It will soon be too late to contribute anything further to the nineteenth century. As remarkable as this century has been, these closing years will be filled with stirring events and remarkable achievements. This is not a time for mental drowsiness and slothful inactivity. Let each and every one do his part with vigor and fidelity.

The Local Hot Air Treatment.

The result of the hot air treatment by the Tallerman-Scheffield apparatus in this city have thus far been as follows: The case of lumbago, not chronic, treated before the Philadelphia Medical Society, was cured by that one treatment. The other case treated before the society, gouty feet, received one additional treatment and has been greatly benefited. One case of gonorrheal rheumatism received two treatments without benefit. Five cases of chronic fibrous rheumatism received one treatment each and all were greatly benefited. The benefit received by this treatment seems to be permanent.

This apparatus is patented both in this country and in Europe; the apparatus is not for sale, but it is leased to physicians for a term of ten years for $500, payable $50 per year, with the agreement that it will only be used in the private practice of the physician holding the lease. These conditions will seem rather hard to the average physician. We do not wish any harm to the patentees, but we do hope that American ingenuity will find a way to apply dry heat of the requisite temperature without infringing upon the patent, and thus give the benefit without restrictions to suffering humanity. We gave a description of the apparatus in the last issue.

FRIENDS, don't forget to write specially on the diseases of the season. Some diseases, as typhoid fever, have no special season, or rather (unfortunately) all seasons are theirs. But many troubles have distinct seasons, and The World should be your constant and reliable companion at all times. This can only be by each

Digitized by Google

doing his part to make it so. We all owe more than we can ever pay to the profession. During January write your experience with pneumonia. What do you do for coughs? What do you, yourself, take when you have a troublesome cough, arising from cold? Have you a good reliable mixture without opiates? Write soon, in order to be in time for the February World. Then for March—what do you look for chiefly then? Rheumatism—and what else? You know we are speaking over a wide territory—from ocean to ocean, and from the Gulf to Hudson's Bay. Some things are the same everywhere, while others differ greatly with the locality. Write February 1st to be in time for March issue.

Physicians Elected to Legislatures.

We learn with satisfaction that there are twelve physicians in the newly elected Legislature of Indiana. Also that about as many more were candidates, but were defeated. This shows a commendable interest in public affairs by physicians. It also indicates that the people are looking to the medical profession for leaders. Let us prove that our profession is worthy of this confidence. This can only be done by studying the true interests of the masses of the people, and championing the same. The physician's work is the uplifting of humanity. We have been doing this patiently during all these years, in a medical and sanitary way, with the most brilliant and beneficent results. But we find that the politicians (the so-called "statesmen") have made such a miserable failure of government that we must come to the rescue. The body politic is sick, and it is our duty to offer remedies, and to aspire to official positions wherein we can successfully apply the remedies. We would rather not; we would prefer to continue to give our undivided attention to science; but in times like these we must do our full duty as citizens. We see what Indiana has done. What have other States done?

Do you notice any improvement in this issue? We hope to make The World more valuable than ever to our readers during 1897. Instead of giving our own opinions, or waiting for our readers to give their opinions the following month, we have long thought of submitting queries, puzzling cases, etc., to eminent physicians, and publishing their opinions in the same issue. You will notice that this is begun in this issue, but we expect to work up this feature and make each issue of The Medical World a consultation with eminent physicians. We want to make The World a positive necessity to every practicing physician.

A Talk with Our Readers.

This season of the year always brings us in close relations with our readers, and we always welcome it. While not a single day of the year passes without bringing subscriptions to us, yet during this season they come in floods, and many take occasion to express themselves privately to the editor. We have just looked over a large pile of letters saved out for us, and if we were inclined toward vanity our "tail feathers would be spread like those of a peacock." But it is not praise that we want; we would rather have criticism when there is occasion for it, for that is more helpful than praise. However, we wish to thank all those who have expressed themselves.

There has been a very large expression on the subject of the proper time to stop sending a paper to a subscriber. The unanimous opinion is that it is both proper and desirable that a publisher should stop sending a paper when the time paid for expires. Did we say unanimous? No, there is one exception. This exception is a pleasant and a carefully typewritten letter, containing the following: "I think The World is about as good as it can be made. I arrived at this conclusion by comparing it with other journals." Yet this is the one letter that did not contain a renewal! But perhaps it is because of recent removal from Ohio to the Pacific coast, and possible uncertainty about remaining. The Doctor thinks that the subscriber often fails to give the matter of renewal attention on account of inconvenience, or being very busy; and he loses a good thing while we lose a subscriber. Yes, perhaps that is sometimes

Digitized by Google

true; but the notice of expiration should be kept prominently upon your desk, always in sight, so that it can be attended to at the earliest convenience. As we do not wish any who want The World to miss a copy, we will send this January issue to some who have failed as yet to send in their renewal, thus giving them plenty of time. But it will not be continued further. While we want all who really want it to have it, it will not be forced upon anyone. While many say that they cannot get rid of some publications if they once subscribe, you will not find it hard to get rid of The Medical World, if you want to. You pay us once a year, and we will work for you all the year. This is a business relation in which you have by far the easiest part.

A word as to how to subscribe for a medical journal. Some write on a postal card: "Please enter my name on your subscription list for 1897." Others write a letter saying: "Please continue my subscription to The Medical World," but fail to inclose the subscription price. It is said that some publishers are glad to get any excuse to put a new name on their list, and that they continue the paper from year to year without authority, and, finally, put the accumulated account into the hands of a collection agency, and begin a process of "hounding" the doctor. Well, we don't do that. We say, if you want The Medical World, pay for it when you order it. That is the only business way. And when your subscription expires, renew it by sending the price again if you want it continued. We can't live on used postal cards, and we don't want accounts of $1.00 each scattered all over the country, and you don't want such accounts against you.

Our mission is to benefit the medical profession. It sadly needs benefit in a business way. If we can inculcate the habit of paying cash, we will be doing much for the profession. On the other hand, make prompt collections from your patrons. They will respect you all the more for it. We now have our readers so trained that we get very few postal card subscriptions; but we don't want *any*.

Original Communications.

Short articles on the treatment of diseases, and experience with new remedies, are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month for publication in the next month. Unused manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

READ. REFLECT. COMPARE. RECORD.

Treatment of Incurable Morphinists.—Notes.—Apoplexy.—Reform.

Editor Medical World:—How many of us have had the opportunity of seeing the latter days of an incurable morphine user? For there are incurable cases, in spite of the sure cures and guaranteed fakes. Victims of incurable disease like cancer ought not to be subjected to the useless torture of attempts at impossible cures. And in a certain number of cases the bodily functions have been so long accustomed to perform their duties under the influences of morphine that they have forgotten how to do without it. Perhaps they may re-learn the lesson, perhaps not. And if prolonged trials show that life is impossible without the drug, it must be restored.

The question will then come up, of how best to regulate the life as to secure the longest period, free from suffering, with the greatest amount of productive labor. In other words, when it is evident that a man cannot be cured, but that morphine and he are to be companions for the rest of his life, he should not dissipate his remaining property and squander his remaining vitality in the vain search for a cure, but rather seek how to manage the drug so as to secure the most benefit and the least harm from it.

First comes the stereotyped "thorough examination." The organs are to be examined seriatim, the excretions scrutinized closely. The general physique, disease tendencies, probable sources of danger, the capacity for improvement,

Digitized by Google

the mental condition, especially as to the power of comprehending instructions and the willingness to carry them out efficiently, are to be weighed with judgment. The habits as to eating, drinking, sleeping, bathing, clothing and exercise, are all of importance. It is surprising how very good doctors neglect their own health, or are ignorant of the existence in themselves of vicious habits they would quickly enough detect in others. What a complicated task is this! And then comes the important work—how to reduce the daily dose of morphine to its lowest point by removing the causes that induce a larger one, and by finding the best form of the drug, and the best synergists, to render a little dose as useful as the big one.

Does he take morphine for insomnia? Then see if a hot bath, a bowl of hot clam broth and twenty grains of trional every third night will not enable him to do as well with half the dose. You thus lessen much more than half the injurious effect of the drug. Is it neuralgia or some other pain that renders life without morphine impossible? But atropine greatly increases the analgesic effect of morphine; so does chloroform water (by hypodermic). Strychnine, caffeine, spartein and cactus all synergize the sustaining, comforting effect of morphine; while cicutine is a potent auxiliary in cancer, chorea, and many manifestations of the neurotic diathesis. In fact, it is not very uncommon for persons who begin treatment with the idea of rendering the drug-taking as harmless as possible, to find to their amazement that the habit has been cured; the treatment having completely relieved them of the necessity for morphine.

There is one more curious fact in connection with these cases, and that is that a habitue will rarely make a real effort to be cured until he is on the eve of a general breakdown. It is our usual conclusion that when a man is really roused up to the point of seeking relief he is in such a condition that his life would not have been long if he had not made the effort. Men will go on thinking they would like to be cured, but making no effort to do so uutil symptoms of approaching dementia, failure of the kidneys or of the digestive organs, absolute inabilty to sleep even with double doses, difficulty in keeping the attention fixed on any subject, horrible nightmares, with spasms of the glottis or of the diaphragm, or a realization that the interest in and love for family, profession or those things in which one's soul has taken delight are rapidly fading out, come as warnings that the end is near if something is not done.

I have not enumerated the failure of the sexual function, because its relations are peculiar. Some women cannot nurse their infants, although the mothers are strong, fat and plethoric. They seem to have so strong an affinity for nutritive material that they cannot loosen their hold on it, even to nourish the babe at the breast, although they want to do this anxiously. So some men seem to cling to the sexual function, sacrificing everything for it. I believe that the procreative instinct or rather proclivity, is so powerful that every mental function would be lost in dementia before the capacity for sexual congress were lost. So that I look upon the impotence of the morphinist as one of those rather pitiful attempts of nature to protect us from the effects of the abuse of our bodies which our reason ought to have prevented.

This same conservation of force is seen in the lessening of sexual desire in elderly men, and in those who are engrossed in the cares and worries of any occupation calling for unusually arduous and prolonged mental effort. Even severe physical exertion has the same effect, and our athletes are often feeble in sexual power and desire, while the alcoholism that seems inevitable to successful pugilists is said to have its origin in the desire to acquit themselves manfully with the legions of women who are known to besiege these men with their amorous solicitations.

Heyne said: "While my children were coming I produced few books." The vital force cannot be depleted heavily in more than one direction at once without injury. At any rate I have learned to judge unfavorably of the condition of the confirmed drug-habitue whose sexual force is unaffected.

An awful ending to a morphinist's career came to my notice recently. An

Digitized by Google

old doctor, who had a little pharmacy, was sold out for debt. He was a victim of morphine, poor and friendless. A short time after the sale he was seen out on the lake in a boat, lying at full length in the vessel, but refused to talk to those who found him. The word was passed around that he was trying to screw his courage up to the point of suicide. Towards evening he came in, got a supply of whisky, and again went out in his boat. Nobody interfered, no one sought to dissuade him. I believe bets were in order as to whether he would get his courage up or not. The general opinion seemed to be that it was the best thing he could do. And a week later his body came ashore.

The most shocking thing about it was the callousness with which every one who knew of the affair looked on it. What must have that forlorn wretch's thoughts have been during those last hours when he was nerving himself up for that awful plunge into the unknown! No hope in the hereafter, no loving hand to smooth the pillow of death, a misspent life behind, and what before?

Is morphine worth this much? What is all the suffering one could possibly endure in the struggle for freedom beside such a death as this? If only the last spark of manliness remained, I should think it would impel a man to feel that he would rather die in a death struggle with his enemy than go into the grave with the consciousness of cowardice.

Dr. Wade has had a case of hemorrhage due to quinine. I reported one years ago, in which cocaine solution applied locally checked the bleeding at once. It is a pity we cannot ascertain why quinine acts in this way in some instances and not in others. My patient was stout, and of a gouty family, but otherwise in perfect health. Was Dr. Wade's case gouty, rheumatic, diabetic or malarial? Dr. Gilliland relates a curious case of monstrosity, and raises the question of maternal impressions. On this I will quote a passage from Darwin's "Animals and Plants under Domestication," vol. ii, p. 251: "Dr. William Hunter, in the last century, told my father that during many years every woman in a large London lying-in hospital was asked before her confinement whether anything had specially affected her mind, and the answer was written down; and it so happened that in no instance could a coincidence be detected between the woman's answer and any abnormal structure; but when she knew the nature of the structure she frequently suggested some fresh cause. The belief in the power of the mother's imagination may, perhaps, have arisen from the children of a second marriage resembling the previous father, as certainly sometimes occurs."

I have never known a case where the mother "called her shot" before the birth of a marked or deformed child, though after the birth explanations are easy.

Here is a suggestion for phthisical patients' diet: Instead of creamery butter let them use butterine, which contains a large proportion of marrow. Bone marrow is recommended as a peculiarly valuable food, from the influence of marrow on blood-making, and now that butterine is recognized to be a wholesome, cleanly article, its use should be tested therapeutically.

Dr. Rutherford asks how to retain a fractured clavicle in position. An easy matter according to Hogarth, who caricatured the doctor for inventing complicated machinery to perform two very simple operations—to draw a cork and set a broken clavicle. But, in truth, to put the fragments in place and keep them there, is anything but easy. Perhaps there is no better way for most cases than to apply a Velpeau's bandage, which is described in every surgical work.

Itching after a burn has healed (page 477). Try painting with tincture of benzoin; a paste of salicylic acid in starch, 1 to 8; losophan in benzoated lard, 1 to 40; hypodermic injection of pilocarpin, gr. ⅛, in the center of the itching area, and meanwhile use massage with hot camphor liniment every day for fifteen minutes at a time.

A very short talk on apoplexy: Prevent it by avoiding anger, over-exertion, over-eating or drinking, and by treating atheroma, hypertrophy of the heart, plethora, gout or any other predisposing cause of apoplexy.

Digitized by Google

If an attack is impending, bleed, give elaterine, gr. 1-12, or aconitine, gr. 1-134, every half hour or oftener, according to the exigency of the case.

If the attack has occurred, the first indication is to check the hemorrhage by lessening the force of the circulation, by bleeding or by aconitine and hydragogue cathartics. Veratrum is not so well suited as it may cause vomiting, which is dangerous. The most absolute rest and quiet in the sick-room are necessary.

When the flow has ceased and the clot formed, the resulting inflammation requires aconite, saline cathartics, low diet with little fluids, and above all, rest and quiet.

The fever gone, the next step is the absorption of the clot and the other debris from the injury. The iodide of sodium, gr. xxx a day, with mercury in some cases, and the same low, dry diet, rest and quiet, are our best remedies.

Absorption accomplished, the nerves may not at once resume their activity unless strychnine and galvanism are employed to arouse them. Faradization and massage should be employed after the first month, to keep up the nutrition and flexibility of the muscles and tendons.

If anyone else than the editor of the World had written the page of "talk" (page 478), I would speak of it with a warmer appreciation than the editor would allow. But I wish every doctor who has interested himself in the late election would read it and consider the objects presented. Revolutionary reforms are rarely successful, and usually induce counter revolutions; but the good cause is best helped along by the steady growth of public sentiment in the right direction. Let the medical profession, as leaders in the world's civilization, once appreciate the benefits of government ownership of the telegraph, express, savings banks and other public utilities, and let each of us begin to educate that portion of the public that comes under our immediate influence up to the same point. In good time the measures will be forced upon the legislators by the irresistible pressure of public sentiment. It is not so brilliant a way of doing things, but it is the natural way, and the only successful one. It is not necessary that a man should swallow "Looking Backward" at a single gulp, but we will be content if he goes a little way with us in advocating the reform most of us agree upon as especially needed. The success of one such change will point the way for the next; and thus we reach out for the perfection for which we strive, but can never reach.

William F Waugh, M. D.
103 State St., Chicago.

Antitoxin in Diphtheria.

Editor Medical World:—My personal experience in the use of antitoxin is limited to the following cases, in two of which I was called as consultant, therein advising the use of antitoxin, and to a number in the practice of other physicians in which I was asked for an opinion as to diagnosis:

Case 1. J. H., boy 14 years of age, was first seen August 13, 1895, by another physician about noon, who diagnosed the case as one of diphtheria. I was called to see the patient the following day and assumed charge of the patient and concurred in the diagnosis and advised the use of antitoxin. The local supply being exhausted, I ordered at once from Philadelphia, but could not secure it until Friday, a. m., and administered it about 10 a. m.

There was an extensive membrane on both tonsils and on the posterior surface of the uvula to its tip; both tonsils and uvula were enormously swollen and there was general faucial inflammation. Patient could not swallow, even liquids, the uvula closing the intertonsillar space, and, as a consequence was much distressed.

10 C. C. Behring's solution was injected.

At the evening visit the patient was much brighter and better. On Saturday morning there was marked improvement. The voice, which had been muffled, was now distinct and the patient expressed himself as feeling better. I found him eating grapes and peaches, and was informed that on the evening of Friday he had partaken of bread and milk.

The improvement setting in so promptly, I did not repeat the injection.

Digitized by Google

With larger experience I would not rely on one injection, but would repeat at least once.

From this on I gave strych. sulph. gr. $\frac{1}{30}$, four times daily, which comprised nearly all the medical treatment, except local, in which hydrogen dioxide was used. Recovery prompt and complete, with no sequelae.

Case 2. S. C., boy, 7 years of age, was first seen Sunday, October 6, 1895. Diagnosis: Tonsilitis, and treated it accordingly. On Monday, case much better; in fact, the patient was at table eating, when I called. The throat was clean and patient feeling well. I was again called Wednesday noon, when I discovered decided membrane on both tonsils and pronounced the case one of diphtheria. At 4 p. m. I saw the patient with two other physicians, who concurred in the diagnosis. I injected 10 C. C. of Gibier's solution. Thursday a. m. repeated the injection. At this time there was some detachment of the membrane apparent and slight amount of bleeding from the margin.

Locally I applied hydrogen dioxide; internally hydrarg. bichlor. and tinct. Ferri chlor.

Recovery was rapid, with no sequelae.

Case 3. I was called in consultation to see a girl 5 years of age, a strong and robust child previously. A brother had died on the same day of laryngeal diphtheria, and this proved to be of the same character. There was complete aphonia and the respiration seriously impeded. Not much membrane was apparent, but the throat was very red.

I gave 10 C. C. of Gibier's solution about 7.30 p. m., and advised its repetition in the morning by the attending physician, which was done. The patient was very ill, but made a good, though somewhat tedious recovery. From being a skeptic, the attending physician, a close observer, became an enthusiast in its use.

Case 4. A boy, 6 years of age, was seen in consultation in a country district. A number of deaths had occurred in the neighborhood, two within a few hundred yards of patient's residence. This patient, apparently, was not very ill, but the attending physician said his other cases that died were apparently no worse than he. Injected 10 C. C. Gibier's solution, which was repeated the following day. Recovery.

Case 5. Anna L., 4 years. First saw the patient Sunday, September 6, 1896, at 6.30 a. m. The face was flushed, the skin hot and dry, the pulse very rapid, with marked constitutional disturbance. A small patch of membrane on the left tonsil was observed, which increased during the day, with invasion of the right tonsil. Diagnosis of diphtheria confirmed by another physician. At 5.30 p. m. injected 5 C. C. Mulford's antitoxin (potent), and repeated it at 10.30 the same night.

At the morning visit there was a marked improvement; the temperature was normal and the heart's action much better. The internal treatment was the same as in preceding cases. The membrane disappeared in five days. Recovery was prompt and complete.

Aside from these cases, I saw a number in which antitoxin gave very satisfactory results, but, as they were not under my care, could not give their history.

As to the value of antitoxin.

So far as my limited experience extends, I have to say that no other treatment has afforded me the same results; nor has recovery, in cases in which it was not used, been so prompt and free from sequelae. While I do not regard it as a specific, I do believe that no other treatment with which I am familiar offers the same hope to the patient or promises as prompt results to the physician as antitoxin, and, until I am shown "a better way," I shall continue its use.

M. L. Wolford, M. D.

Harrisburg, Pa.

Editor Medical World:—On September 11 I received a communication from you asking me to contribute to your November number on antitoxin, as I have used it very largely in this and adjoining cities. I was taken down about September 12th, or 15th, with a bad case of inflammatory rheumatism, and have been confined to my bed ever since. I am sitting up to-day and am away from my office, and cannot give you exact date or full description of cases, and may ask excuses for my communication on account of my illness.

Digitized by Google

In the winter of 1893 I had been Health Officer of Kansas City since 1890, and continued in that capacity until the spring of '96. As we had an epidemic of diphtheria in the city in '93 I bought, through the city authorities, a supply of antitoxin. The Jackson County Medical Society, at my request, appointed a committee to observe its use and make cultures from the throats of children in cases observed. During the winter we used antitoxine on about forty-five cases out of 150 reported. All recovered except five, and these were bad cases and and the serum was used late, about the fifth or sixth day. We also used it in about ten cases of membranous croup that winter, with four deaths—the deaths were in cases moribund when used, and died in less than twenty-four hours after its use.

In the winter of 1894 we used it in about 60 cases out of 120 reported. Where cases were doubtful we had cultures made before using it; if cultures did not confirm diagnosis we did not use it. We found in 1894, as in 1893, that physicians would try to cure their cases without it, and when they found the child getting worse they would fly to antitoxin, and our mortality of cases in 1894 was greater than in 1893—about 12 or 15 per cent.

The epidemic of 1895 was a very severe one in Kansas City; and we had reported to the Board of Health about 200 cases. The same holding back of physicians occurred, and the serum was used only in about 80 cases. The mortality, where it was used in both early and late cases, was about 15 per cent.; where it was not used the very mild cases (that were probably not diphtheria) recovered, and the severe cases, where serum was not used, mortality showed about 50 to 60 per cent.

In the winter of 1896 we had few cases, and used antitoxin on about one-half of the bad cases. with a mortality of 12 to 15 per cent. in both early and late cases, and in bad cases, where not used, mortality showed about 50 per cent.

This communication would be too long were I to give many of these cases in detail, but as Health Officer, with the death records before me every day, and nearly all of the antitoxin used in 1893 and 1894 passing through my hands, I have knowledge of all the cases, many of which I saw personally, especially in 1893, 1894, 1895, and can give my evidence favorably to the use of antitoxin in all the cases where true diphtheria or membranous croup is present.

Altogether, the extent of my experience and in consultation with other physicians has been in about 200 cases, and I want to most unqualifiedly endorse antitoxin for many reasons, especially as the remedy has never, in my hands, done any harm, and favorable symptoms are shown in 12 hours; and if enough is used, in 24 hours and 48 hours there is marked improvement all along the line, except in moribund cases within 24 hours of death, or where sepsis has already begun. I think the remedy should be used promptly after diagnosis, and repeated in 10 or 24 hours, according to indications.

The main trouble seems to be that the physicians try to cure the cases themselves; and after five or six days, when the poison is absorbed in the system and the patient gets suddenly worse, they fly to antitoxin to find out it is too late. When used early it will cure. When used late it is doubtful, but in bad cases or late cases I think the double antitoxin should be used. I have used entirely Gibier's antitoxin, made at the Pasteur Institute in New York.

Dr. R. P. Waring.

Kansas City, Mo.

Editor Medical World:—My use of this remedy has been confined to ten cases. The diagnosis of all of them had been confirmed by microscopical examination, not by the culture method, but by a more direct and shorter way. I take a bit of the membrane from the throat and thoroughly rub the surface of a clean cover glass with the inside of the membrane; then color in the usual way; mount in balsam and examine; all of which can be done in fifteen minutes time, instead of twelve to fifteen hours by the culture method. By the above short plan I have never failed to find the Klebs-Loeffler bacilli, and in sufficient numbers to warrant a diagnosis of diphtheria.

Digitized by Google

In the treatment of all my cases, I usually resort to the medicinal treatment, watching them carefully until I become satisfied that they are going from bad to worse; then I use the serum. The beneficial effects of the serum treatment is quite manifest in from eight to twelve hours. After a lapse of twelve hours, if the improvement is not well marked, I repeat the dose. In the ten cases I have only used a second dose in three of them; they were desperate cases, and all recovered. The two cases, of the ten, which died, I saw in consultation, and they were practically dead when the serum was used.

I have never had any untoward results from the use of the serum, but on the contrary improvement has been rapid; convalescense established much sooner than in mild cases which recover after medical treatment, and sequelæ, if any, have been very light.

The serum used in the first four cases was prepared by the New York Pasteur Institute; the remainder of the cases were treated by the H. K. Mulford (Philadelphia) preparation, because I could obtain it more readily.

From my experience with this wonderful discovery I am forced to the following conclusions:

1. Diphtheria antitoxin will not restore those dead from diphtheria.

2. It is more a specific for diphtheria than we have in medicine for any ailment.

3. Severe cases treated medicinally almost invariably result fatally, whereas in all these cases, if the serum be used early, recovery may confidently be expected.

4. Serum properly prepared is as harmless as any remedy known.

5. A physician withholding this remedy from his patients, and permitting them to die from diphtheria, should have his license revoked for criminal negligence.

James D. Whitley, M.D.

Petersburg, Illinois.

Editor Medical World:—A month ago I was called to see a boy aged 4 years. He had been sick with diphtheria two weeks; it involved the larnyx. His physician told the parents that he could do nothing more for the child, and would not return. Parents sent to town and had photographer come to take ante-mortem photograph. The artist induced them to send for me. I found child coughing and laboring to get breath. I immediately gave P., D. & Co.'s antitoxin. This was at 10 p. m. Next morning patient was much better, and I discharged him in three or four days, cured. Three injections were used. The medical journals which are opposing antitoxin are responsible for the death of many children.

V. E. Lawrence, M. D.

Ottawa, Kan.

Editor Medical World.—I report two cases of diphtheria treated with antitoxin. This is all the cases I have had a chance to treat, as diphtheria is, fortunately, a rare disease in this section.

March 23, 1895, was called at 10 p. m., to see W. W., aged 30. He had lost a child with diphtheria about two weeks before, treated by another practitioner.

I found him prostrated, pulse 108, rapid and feeble. Temp. 103 2-5, membrane over entire throat. Ordered corrosive sublimate, gr. 1-50, every three hours, and throat sprayed with H_2O_2.

March 24, a. m., worse; glands much swollen, throat very sore. Marked prostration. Albumen in urine. Tr. ferri chlorid added to treatment.

March 25, 4 p. m., gave injection of 10 c c (one bottle) of antitoxin. Temp. before injection 103°. Throat still sprayed with H_2O_2. At 11 p. m., temp. 100 3-5°, pulse not so rapid,

March 24, a. m., temp. 99 1-5°. Evening rise to 100 2-5°.

March 26, a. m., temp. normal. Evening rise to 99°. Membrane expectorated in one piece, leaving perfectly healthy tissue.

March 27, a. m., temp- 97 2-5°. Evening rise to normal.

Subsequent treatment tonics and restricted diet. Heart seemed very weak as the temperature fell. To combat this strych. sulph. and digitalis were freely used.

We see that patient was seriously ill only four days, and his recovery was due to antitoxin, as all other treatment was discontinued except spraying the throat with H_2O_2.

Digitized by Google

Case No. 2. The two-year-old daughter of Case No. 1.

Was called Sunday, April 7, 1895, at 9 a. m. Found pulse at 196, temp. 104°. Inspection showed a small patch on side of fauces. Tenderness under jaw, but gland not enlarged.

Ordered	Hygrarg chlor. mit. .	gr. iss
	Sodii bicarb . . .	gr. x
	Phenacetin . . .	gr. ii
M.	Divide in chart no. xii.	

S. One every 2 hours. Throat sprayed with $H_2 O_2$.

4 p. m., patch extending, pulse 200, full and rapid; temp. 104°. I diagnosed it as diphtheria. Family desiring a consultation, Dr. B. was called, and confirmed diagnosis. Patient about the same as before.

Monday, 8 a. m., temperature had raised from 103 2-5° to 104 2-5°, since last visit; pulse quite rapid. Gave an injection of 1-3 of bottle of 10 cc. of antitoxin, discontinuing medical treatment, but still spraying with $H_2 O_2$.

5 p. m., temp. about 100 2-5°; pulse less rapid; membrane not so prominent.

Tuesday, 7 a. m., temperature stationary at 100 all night, pulse same as preceding evening; less membrane. Gave an injection of another 1-3 of bottle; spraying with $H_2 O_2$ continued.

Wednesday, a. m., temperature normal, and had been subnormal previous evening; pulse normal and strong.

Thursday, a. m., temperature and pulse normal, no membrane. A very easy convalescense followed. Being a little careless in the use of the syringe, blood was drawn. The wound festered and a lump formed. This disappeared in 36 hours, and produced no constitutional disturbance.

This case was seriously ill for a day or two, and owes her recovery to antitoxin.

I used Behring's antitoxin, imported from Germany. The vials I used contained 10 cc, 1000 antitoxin normal units.

I wish to call attention to the great heart weakness in case No. 1, also the fall of temperature produced by the two injections of antitoxin. There was a slight rise in temperature immediately after injection of antitoxin.

I think a good plan would be to have the temperature taken every hour or so. If it continues to fall, enough antitoxin has been used; when it remains stationary, give more antitoxin. Give antitoxin early to get best results. Don't think it will cure every case. That is impossible.

A. I. Hunt, M. D.

Hamilton Square, N. J.

What About Antitoxin in Membranous Croup?

Editor Medical World:—I have been interested in the recent discussions on the antitoxin treatment of diphtheria in the November and December numbers of The World. I have passed through some severe epidemics of diphtheria in its very worst form while in the northwest, and *with success*. I had a comparatively low mortality considering the malignant form of the disease. This was before antitoxin was ever heard of. My treatment of diphtheria was as follows: In the first place, and for its alterative and constitutional effects, mercury was given, usually the gray powder, but sometimes calomel, every two hours, and a wash of permanganate of potash of suitable strength, not too strong, was used every two hours, with a swab, or as a gargle, if the child was old enough; also the tincture of the chloride of iron used as a wash or gargle and internally every six hours. If debility or marked anemia, quinine and stimulants according to the case, with inhalations of steam from eucalyptus, or carbolic acid, or a combination if necessary.

This treatment, if persisted in day and night with variations to suit each individual case, together with a careful use of a solution of the bichloride of mercury with a spray between the gargles of the permanganate of potash until the patient is under the influence of the mercury, I have found successful. I know from experience that it will save nine out of ten cases, take them as they come.

If I had a case of diphtheria now I would use the treatment outlined above with antitoxin.

I am positive that diphtheria and membranous croup are distinct diseases, and require a distinct and different treatment from any I have been using. I never saved a case of membranous croup;

Digitized by Google

have lost several cases of membranous croup in the last few years, and I would like to know if any of the readers of The World ever tried antitoxin in membranous croup, and with what result?

I have, after due consideration, made up my mind that I will try it in my next case of membranous croup. I believe from what I have read that it will be the remedy in this disease. As I said before, I have not been unsuccessful in the treatment of membranous croup with the usual remedies, but have been unusually successful in the treatment of diphtheria.

I have been in this part of Illinois four years, and I don't think there has been any diphtheria in this vicinity, although some of the physicians in the neighboring towns claim they have had cases of it.

They would only have one case in a family of several children, and that case would die. None of the rest of the family would have it, and they would use no immunizing doses of antitoxin, neither would they use the usual antiseptics or disinfectants. From their descriptions of the cases there is no doubt in my mind that they were membranous croup.

I rely a great deal on the hereditary predisposition of certain families to be subject to membranous croup, and am a firm believer in the prophylactic treatment of it before the membranes begin to form. I think I have saved cases that would have terminated in that way if I had not used preventive measures, judging only from the family history and the case treated.

Harvel, Ill. J. W. Gibson, M.D.

[The question of whether or not membranous croup and diphtheria are identical has been long and earnestly discussed; and, Doctor, the concensus of opinion and the weight of authority are now strongly inclined to the belief that they are identical. Yes, by all means use antitoxin in your next case of membranous croup. It is used, and with success, in these cases, on the theory that membranous croup is laryngeal diphtheria. The success of this treatment seems to be an additional proof that membranous croup and diphtheria do not the same.—Ed.]

Diphtheria Mortality—Antitoxin.

Editor Medical World:—I am particularly glad to note your level-headed editorial on the relation of diphtheria antitoxin to statistics. By all means let us have reliable statistics, for in no other way can the value of new therapeutic measures be calculated. The inflated statistics with which the advocates of antitoxin rushed into print were enough to stagger any thinking man and well calculated to make him suspect a "nigger in the wood pile." They compelled many conservative physicians to believe that financial rather than therapeutic results were the chief end and object of the heralds of antitoxin. All that has been said in favor of antitoxin has not enabled me to divest myself of that idea. I may be wrong, and hope I am. No one would welcome with louder plaudits than I a better treatment for diphtheria. Not that the treatment which I have used, and which was outlined in a recent issue of The World, has been unsuccessful in my hands, but that the medical profession seem to be so entirely unsettled and at sea as to any rational plan of treatment for this disease.

Since the name "diphtheria" was given to this particular angina by Bretoneau, of Tours, in 1834, hundreds of therapeutic agents of more or less renown have been used in its treatment, and many have been proclaimed almost if not quite specific. Many writers have claimed for their method of treatment results not less successful, and, in some instances, more so, than is generally claimed for antitoxin. But, then, until recently, diphtheria was not claimed to be such a fatal disease, except in epidemics of the malignant form, where death frequently occurred in a few hours after the first symptoms of the disease became noticeable, and where the fatal membrane was often found in the heart cavities, stomach, lungs, or intestines, as well as in the throat. In such cases ordinary remedies have frequently no time to act, and the mortality is large. I have not heard, and I believe it is not written, that antitoxin has proved successful beyond measure in one of these malignant epidemics of diphtheria, and until it is honestly so written all diphtheria statistics that claim a very low

Digitized by Google

death-rate for antitoxin and a very high death-rate for all other methods of treatment must be taken cum grano salis. The literature of the subject which I have been able to read would, I think, justify an estimate of less than ten per cent. of malignant cases treated with antitoxin, and over ninety per cent. of bacterial and non-malignant cases so treated. If this estimate is nearly correct, it follows that, unless the friends of the serum therapy cannot show a death-rate of less than ten per cent., or that diphtheria is a much more fatal disease now than formerly, they utterly fail to establish its boasted therapeutic value.

As long ago as 1874, Dr. Hartshorn said: "Simple diphtheria is not very dangerous to life. The croupous (tracheal) form is decidedly so, and the malignant is fatal in a large majority of cases."

Gerhard Tweedie, 1842 says: "If the system can be speedily brought under the influence of mercury, the issue will generally be successful. If the pellicle has formed in the air passages, very little expectation of recovery can be entertained."

Watson, by Condie, 1858, says: "Diphtheria proves fatal (when it does prove fatal) by the extension of the inflammation into the air passages."

Wood, 1858, said: "Except in the malignant form, or when it occurs in constitutions much enfeebled, or assumes the character of pseudo-membranous croup, the prognosis is favorable."

In 1880 Dr. J. Solis Cohen dissented somewhat from the above opinions. He said: "It is impossible to predict safety even in mild cases, while recovery may follow the most unpromising manifestations."

In 1894 Dr. Hughes, of Philadelphia, said: "The mortality from this disease is about ten per cent."

Dr. Callam, in the proceedings of the Finland practitioners, claims to have treated 150 cases without a single death.

Dr. Geo. Guttmann reported 66 cases, treated from April, 1879, to July, 1880, 33 of which were severe, without a single death. He used the pilocarpin treatment.

Dr. Condie, in 1868, said: "When the disease is confined to the soft palate, isthmus of the fauces and pharnyx, it is seldom attended with much danger. When the inflammation is of little extent it may disappear spontaneously in a few days. When, however, the disease extends into the larnyx it is very frequently fatal."

Dr. Bluebaum, in Inter. Nat. Med. Mag., reported 39 cases out of 40 cured by galvano cautery to the false membrane.

Dr. H. C. Harkness, in Med. Sum., 1871, says: "In a series of 35 cases in which I used turpentine but two deaths occurred."

Dr. J. Hirsch, in a pamphlet on diphtheria, claims to have not lost a single case of diphtheria in nine years practice, during which he used the acetic acid treatment.

From the last year's discussion of the subject, this list might be extended indefinitely; but with the recent literature on the subject the profession is acquainted, so I need not jog their memories. Nor am I unmindful of the fact that the more modern devotees of mushroom science and hot-house therapeusis are apt to curl the lip a little, if not more, when the venerable fathers of rational medicine are called upon the witness stand. I only claim that their evidence is good for the times in which they lived and wrote.

The evidence seems to justify the conclusion that until the beginning of the antitoxin craze, diphtheria was not considered a very dangerous or fatal disease. except in the malignant or tracheal forms, which constitute less than ten per cent. of all cases; that the death rate was less rather than more than ten per cent. It is my opinion, based largely on observation and experience, that when any physician loses more than twelve or fifteen per cent. of his diphtheria cases in private practice in a series of years, he should turn his diploma's face to the wall and pull down his "shingle." His practice is a menace to the lives, health and safety of the community. I would like to express my disgust with those physicians who are now not only confessing, but parading the fact that under any but the antitoxin treatment they lost from twenty-five to fifty per cent. of their diphtheria patients in private and hospital practice; but I fear the terms

Digitized by Google

would look cold and stiff like so many of their patients.

In the current number of The World, Dr. Rosenthal gives us a list of 86 faucial and 55 laryngeal cases, with only 6 deaths; but he says nothing at all about the number of these cases that could never be recognized as diphtheria without a microscope. It may be possible that only the 55 laryngeal cases could have been diagnosed as diphtheria without a bacterial examination, and that his real mortality was nearly 12 per cent. The doctor tells us that before antitoxin he intubated 100 cases with a mortality of 62 per cent.; but he don't tell us why he intubated when other means would more successfully relieve any case in which the pseudo-membrane does not extend into the trachea or bronchia. Nor does he tell us anything of the value of intubation or antitoxin in cases where the false membrane does extend beyond the larynx. His statistics are absolutely worthless. Then we are told of over 600 cases immunized (bamboozled would be more correct), not one of which showed symptoms of the disease. Well, well, I could tell of more than 600 cases not immunized, many of which were exposed to the contagion, if diphtheria is contagious, actually living, sleeping, eating and drinking in the same room with diphtheretic patients, yet showing no signs of the disease. It is an unquestioned fact that only a very small per cent. of those exposed to the contagion, supposed or real, of diphtheria ever contract the disease; and until immunization can be proved to have reduced or obliterated that very small per cent. it can have no claim for professional recognition. It is simply an experiment, well calculated to fill the coffers of those who can experiment wholesale with their clientele without danger to their practice.

I may yet be a convert to the serum therapy, but before that can happen some things must be made so plain "that he who runs may read." If the Klebs-Loefler bacilli are the cause of diphtheria, and the antitoxin destroys the "bug" as well as its product, why not apply the serum directly to the false membrane and the passages through which the bacillus enter the system? If given by the mouth would not the serum be digested just as other animal substances are? If so does such digestion destroy its antitoxin properties? And if not, why not? Being a purely animal product, why do not the functions of assimilation and elimination and the various glands have the same effect upon this as upon ordinary serum when used hypodermatically? To the wise these questions may indicate great ignorance; but the writer is not above learning.

One manufacturer of antitoxin wrote me that the use of his preparation of serum would have prevented death in my reported case of diphtheria, but he ventured no explanation of the large number of such sudden deaths following the use of antitoxin.

Dr. J. W. Lockhart.

St. John, Wash.

[From the evidence now in, we believe that antitoxin has great and positive value in diphtheria. Nevertheless, we admire Dr. Lockhart's article. Such vigorous skepticism puts any new treatment to a severer test, and in the end serves the interests of truth. The chief reason that we admire the doctor's skepticism is because it is coupled with an expressed desire to learn. This is the difference between opinion and prejudice. We hope that the doctor will add experience with antitoxin to his qualifications, and then we will be glad to hear what further he has to say. Antitoxin is making large and important claims, and we all want to know the truth.—Ed.]

Dr. R. A. Taylor, of Otisville, N. Y., writes that he has a record of 76 cases of diphtheria treated medicinally, with only one death. He thinks this is a very good record for a country practitioner, which we will all grant. Finally he had a case in which all medicinal treatment was inadequate. He had studied the subject of antitoxin carefully and finally concluded to use it in this case. The results were so satisfactory that he has used it ever since, having treated 18 cases with it with no death. He says of the treatment, "it is so much easier, less anxiety, and will do ho harm." He uses Mulford's antitoxin.

When you send your subscription for 1897, order a Medical World Binder—only 35c, equal to others sold at from 50c to 75c.

Digitized by Google

More Pointed Remarks from "A Doctor's Wife."

Editor Medical World:—It is even as Dr. Mayer anticipated, I am not yet satisfied that anesthetics are dangerous and useless in obstetrical practice, and why should I be? Have I not the brightest stars and some of the leading lights of the medical profession, both of the new world and the old, on my side of the question? It is strange, but true, that there are always some who believe the old way is best, and who try to build a great wall of prejudice against anything, whether justifiable or not, that is just not exactly according to their way of thinking. I have, however, not come to attempt a discussion of this subject. A number of physicians have answered the objections offered far better than I could have done; and I also realize the fact, quoting Dr. Mayer's own words, that "arguments as well as facts will not convince a certain class of people." I wished, though, to write again to thank the editor of this journal for kindly publishing my articles, and also to return my gratitude to that noble array of physicians who so kindly, truly, and considerately answered my queries. Happy, indeed, are the women who are fortunate enough to fall under your care in this their great hour of trial. Your words strengthened me in the belief that the wall of prejudice, which in many places surround the use of an anesthetic in labor, is destined soon to melt away, even as the winter snow before the noonday sun. I want also to assure Dr. Church that in the cases spoken of in a former article the presentations were all normal, and that the difference in the suffering in the last two was due to the soothing influence of chloroform. And I believe that the more speedy delivery was due to the fact, that as the pains were rendered more bearable, greater expelling force was brought into action. This is exactly opposite to the view advanced by Dr. Church, that an anesthetic will not do in breech presentations because the expelling force of the mother is needed. Ask any woman who has used an anesthetic if she could not be induced to exert herself more with it than without it, and I think she will answer yes. I think all who read Dr. Church's article will agree with me that there are some fallacies in his reasoning. We were not talking about complete anesthesia, nor were we advising its use where persons were physically incapacitated to take it. I believe, however, that there has been one objection for not using it advanced that there is really something in. I refer to the prejudice against its use existing in some communities, together with that of surrounding physicians. I am aware a physician is running some risk in giving it in such neighborhoods, for should anything wrong occur from any cause, however remote, it would more than likely be attributed by the family to the anesthetic, and in all probability this view would be encouraged by the anti-anesthetic physicians.

I would say that it is not to this class of physicians that I have been addressing my remarks, but to that class who are prejudiced themselves, and want everybody else to be. And I might say right here that any husband who refuses to let his wife have the benefit of this priceless boon to her should be labelled, "tyrant;" for such he is, indeed. I quite agree with the physician who said in the November number, that if nature has to take its course, an old woman would answer the purpose as well as an M. D. in the majority of cases. It is manifest that there are a great many people who think that to bear children is what a woman is made for; and that she who dares to utter a protest should be condemned in the severest possible manner. One physician sarcastically remarks that "it is so nice to become a mother without suffering." No doubt, if he is a father, that thought has occurred to him before with regard to becoming a father. We, unfortunately, do not hope to attain to entire immunity from suffering, but we do propose in the near future to have what relief we are entitled to from our medical advisers. We are as justly entitled to the benefits of modern anesthesia as any other class of people, and ere long the physician who refuses it will have to practice in some department of medicine other than obstetrics for his living.

But now for another question. I had hoped that the one who asked a ques-

Digitized by Google

tion in the November World, on page 431, and signed himself G., would have a respectful hearing before that learned body, the readers of The Medical World. It is a question that I do not know that the medical fraternity can solve so that it would suit every case, nor do I think that they are much, if any, more responsible for the existing state of things than any other class of men. Still, I think the question was more worthy of your consideration than ridicule. When I read the signature to the article to which I refer in the December number I felt like exclaiming "et tu Brute!" I hold Dr. Waugh in the highest esteem, and have been thinking of sending him some flower-seeds for his garden; but if that is his opinion of a woman I will wait until I hear from him again. Perhaps when his shoulder gets well he will not be so harsh in his judgment; but, really, I do not think that even a lame shoulder is sufficient apology for his radical views on the subject. The only apology I can find for him is that his practice must be confined to the wealthy, indolent class of women, who love their own ease above everything else. He manifestly does not take into consideration that class who have themselves to support, and husbands, too. Say what you will, this is a question that is agitating the minds of thousands of the women of our land to-day. Good women, too, and not the frivolous kind who want to shirk responsibility.

No true woman would attempt to destroy the fetus after once conception has taken place, except for grave reasons; but the prevention of it is quite another question. I most heartily pity the wife who bears no children, for they are the light of our homes and the tie that binds husband and wife in a more indissoluable union than anything else can; but I pity more the woman who is so overburdened with child-bearing that she would gladly lay down in her grave to rest, if it were not for the children she already has, and who sees no relief except old age or death. Do not smile. There are many such.

From what Dr. Waugh says, one would think he would encourage a man to give his wife a divorce if she had the courage to think she had borne enough children. Perhaps No. 2, after she has been initiated into the mysteries of child-bearing, will also reach a point when she shall think she has done enough in that line. In that case would you advise a man to go on ad infinitum, or until he got one that could wear him out? How many young and lovely girls fall into this trap of marriage as innocently as a mouse walks into a trap, and finds, too, like the mouse, that her captor has no mercy. Do not understand me that I am opposed to marriage. A good, considerate husband is God's best earthly gift to woman; but who can describe the unhappiness and misery of one who fails to get a good one. A woman does not always get the sympathies of her husband in her troubles. I know one man who, it is said, would not speak to his wife for some time, because she bore him a child late in life; and another who was very angry because his wife did not succeed in destroying the life embryo, and upbraided her with not trying to. These were not ignorant men. One is a prominent lawyer and the other a druggist. I know still another whose wife had very bad times in labor, and her children came in such quick succession that she ventured to complain; whereupon she was consolingly informed by her husband that "it was on account of women's sins that they suffered so." Tied to such men as these shall a woman go on bearing children for them just for a support? The women who are free and wash from house to house for a living get it easier. Is it any wonder that so many girls, seeing the trap into which, perhaps, their sisters or friends have fallen, are seeking other means of support than marriage? The cases I have mentioned are not isolated ones, but parallels to them are to be found in every community. Perhaps, if you understood women better you would find that it is not always from these so-called selfish reasons that she does not want to have more children, but it maybe her interest in her posterity. Take, for instance, the woman who has been reared in refinement. Perhaps she has married a drunkard or worthless character, and she does not want to have a large family to bring up in poverty and ignorance. And, again, from her own physical weakness she may not be

Digitized by Google

able to transmit to her child the elements of health, and is unwilling to keep on bearing children who are doomed to a life of ill health and an early grave.

The majority of the women with whom I am acquainted do quite as much in their way as their husbands toward the support, as a husband often finds to his sorrow when he loses a good wife. In view of all these facts, I claim (though I may be wrong) that a woman has a perfect right to say when she thinks she has borne enough children. I don't know at what point this article will be attacked, but since Dr. Church intimates that woman's need of an anesthetic in labor exists in her mind, I think, most likely, that some of my critics will conclude that there is something abnormal about my mind; or that I am a hopeless dyspeptic, or have liver disease, or more likely than all, that I am subject to hysterics. Anticipating this, I will take this opportunity to assure them that nothing of the kind exists. And if I have not enumerated all of the ills commonly ascribed to a woman who is not pleased with everything just as she finds it, I will say further that I have a pleasant home, interesting children, and a kind and devoted husband, and have, in fact, nothing to sour me with life except women's woes. It is not my own wrongs that I am thus parading before the public, but my own good fortune has not blinded me to the trials and sorrows of some other women with whom I often meet. And I am persuaded that these conditions are not confined alone to my narrow scope of vision, but that they exist all over this so-called free country of ours.

A Doctor's Wife.

[The Editor discreetly refrains from comments upon this article. The reason is obvious—the lady has a sharp pen and wields it with vigor. He will, however, venture this remark: Doctors are men—that is, the majority of us are; and it is a good thing for us, occasionally, to see ourselves as feminine eyes see us. "A Doctor's Wife" holds up the mirror and gives us this opportunity. It is just possible that some might suspect that "A Doctor's Wife" is a "fake" individual, and that these articles are gotten up by a professional writer, perhaps in the editorial sanctum. To any that may have had such a thought, we wish to say that they are entirely wrong. She is the wife of one of our regular subscribers in a distant State. This suggests the question, does your wife read The World? It will pay you to encourage your wife to take an interest in the profession and its work. Her value to you as a companion and helper will be vastly increased. Usually not much encouragement is required; the opportunity is sufficient. Try it and report.]

Can Diarrhea be Inherited?

[The following is told so well that we allow it to go in without cutting down. It may bring out some useful facts.—Ed.]

Her name was Julia Ann Johnson. Indiana was the home of her flesh—some hundred and seventy pounds of it—but her soul still lingered in the blue hills of her native State, "Ole Carliny."

As we have already intimated, she was heavy. She was also shapeless and inclined to be sluggish. The style of her calico dresses, and she affected no other, was never altered except as to sleeves. They were up-to-date. But the plain waist and full skirt, garnished with a bright gingham apron, were sacred fixtures.

Her iron-gray hair was parted exactly in the middle, and drawn smoothly into a concentrated knot at the back. Most of her front teeth had taken an indefinite leave of absence. Still she was not ugly. Her broad, almost expressionless face was very fair and clean-looking. Her "speaking eyes" had but one story to tell, and that was simply, "I am a woman of sorrows."

She was coming. Her familiar form was approaching by the "back road." There was little chance of mistaking her identity. Even her walk betrayed her. The children called it "Indian fashion," each foot being swung around so that it would come down directly in front of the foot behind it. For the lithe and willowy Indian that was all well enough, but for a woman of Mrs. Johnson's age and dimensions such a walk was an offence to grace. It was an established fact that the path of a Johnson could be

Digitized by Google

distinguished from all others, as far down as the third and fourth generations.

She had reached the stairs, and was stumbling to the top. Mrs. Clark sighed as she looked toward the door, and a childish voice said "Here's mamma," and Julia Ann was ushered into her presence.

"Good morning, Mrs. Johnson; have a chair." And she offered the caller a delicate rattan rocker.

"Mornin', Miss Clark," she responded, softly, as she sought the seat cautiously, and, losing her grip in mid-air, landed with a thrilling thump.

"Won't you take off your bonnet?"

"Allowing" she would, the flappy article in question was removed and laid in an ample lap, and two fat white hands crossed and carefully deposited upon the crown. The "speaking eyes" then sought the hostess' face with a "help-me-Cassius-or-I-sink" look that went straight to the little woman's soul.

"Are you in trouble, Mrs. Johnson? Can I help you in any way?"

"Well, I just come to see if you could do anything, Miss Clark," and the voice alone would have been irresistible, "but you've helped us so much, I was jist ashamed to come again." She could get no further.

"There is nothing to be ashamed of, Mrs. Johnson. Speak right up. Has anything dreadful happened?" urged Mrs. Clark.

"It's about Ruth, my little gran'daughter."

Mrs. Clark looked puzzled. The grandchildren in the house of Johnson were legion.

"Why, don't you mind Ruth, the curly-headed one—the one you give the Shelly dress to, and—?"

"Oh, yes; I do remember now. She is the frail little tot."

"Yes'm. I—I thought you'd mind her, and that's jist what I come to see you about." And the old lady sailed smoothly out upon her sea of trouble. "Now, little Ruth, she ain't well. She ain't never been well in her life. She's been afflicted like with a—a runnin' off ever sence she was born, and she's three year old, a-goin' on four. She'll be four this harvest."

"What have you given her for it, Mrs. Johnson? Anything?"

"Oh, law, yes, Miss Clark; we've tried every di-ree medicine fur and near, and none of it don't appear to do no good, only fur a day or two."

"That is a strange case." Mrs. Clark was not a physician, but she had the name of being "powerful clever in diseases."

"A very strange case," she repeated. "But the first thing for us to do is to get at the cause of—"

"No, Miss Clark," interrupted the grandmother; "that's too fur back. Ruth's pa, ye know, was a soldier, and he took a runnin' off in camp, and he has had it ever sence, and we allowed" —she lowered her voice—"and we allowed that she must of *inhaled* this di-ree from her pa, and I come to ask if you knowed of a cure for a di-ree that was *inhaled*."

And Mrs. Clark appeals to the medical fraternity for an answer. A. M. T.

Gastro-Intestinal Catarrh—Obstruction of Bowels.

Editor Medical World:—I have a case of gastro-intestinal catarrh in an unmarried lady 28 years old. She has been suffering from the disease some three or four years. The symptoms are frequent nausea, flatulence and sour eructations, griping pains and diarrhea, with frequent discharges of large quantities of tough coagulated mucous. Pain and tenesmus frequently occurs just after eating, with urgent desire to go to stool, when discharge will be as above described. She has had a variety of treatment from other good physicians as well as myself. I have exhausted my knowledge of the materia medica for such cases, with the result of some benefit and temporary relief, but far from approaching a cure. Have given Fowler's solution of arsenic in two-drop doses before meals, which has slightly benefited case at times. She has had laxatives followed by arsenate of copper, sulpho-carbolate of zinc, nitrate of silver in quarter grain doses continued for a month at a time, large doses of sub. nit. bismuth, beta-napthol, subgallate of bismuth; the latter does some good in controlling eructations and flatulence. She has also had copious injections of from two to four quarts of

Digitized by Google

fluid medicated with different substances, as bichloride of mercury, boracic acid, creoline, carbolic acid, etc. She has also had a good tonic treatment, as strychnine, quinia and iron, also pepsin, pancreatine, maltine, etc. Two quarts of hot water with a teaspoonful of salt will stop pains and diarrhea temporarily. I will be greatly obliged for suggestions from the editor or the readers of The World.

And now I will report a case that may do somebody some good. About a month ago I was called to see a 14-year-old boy who, four days before, while at school in the country, was riding on a board being dragged over rough ground and roots by other boys in a grove adjoining the school-house. He suddenly felt severe pain in abdomen, and on attempting to rise found that the pain was so great that he could not straighten the body. He went home complaining greatly, but the parents were careless until they found that his bowels had not moved for four days, except slightly, just after the accident. I found him on a couch, limbs and body flexed, and suffering great pain. On examination I discovered a hard tumor the size of my fist a little below and to the right of the umbilicus, from which I concluded that probably the only hope of relief would be in a surgical operation. However, as I had a good fountain syringe with me, I concluded to try that first, and after preparing a gallon of soap-suds, elevated the hips and commenced operations. But the patient was very irritable and complained fearfully; would not retain more than a pint or a quart of the fluid until it would be forced out, the patient complaining of great pain.

I then placed him under chloroform, and after forcing in more than three quarts of fluid, I heard a gurgling sound, when I withdrew the tube and placed the boy over a bed-pan. The water was discharged with large quantities of gas and fecal matter. The tumor had disappeared, patient was very sore over abdomen and had fever ranging as high as 104° F. for nearly a week, but at the end of that time was convalescent and made a perfect recovery.

T. B. Campbell, M. D.

West Lebanon, Ind.

[You seem to have done all that medicine can do for your case of gastro-intestinal catarrh. You must now rely, first, on cleansing the membrane. It seems that the fluid that you mention having used was used per rectum. This is all right as far as it goes, and the patient has been benefited. She should drink a pint of hot water an hour before each meal. The effect will be improved by adding a little soda; that will make it more cleansing; be sure to have it hot. Next. make the diet very simple, and at first quite sparing; not because she should be reduced, but because her digestive apparatus needs rest as well as cleansing. The breakfast should be simple and sparing; the dinner more substantial, but very simple, avoiding all desserts; the supper simple, but rather more plentiful than the breakfast. Avoid tea, coffee and spices. Avoid all drink with meals and for two hours after. Bowels should move regularly and freely. Massage over abdomen night and morning will favor this, and perhaps be a general benefit. Indeed, a general massage at night would be a benefit. The habits of life should not be sedentary, but active within the patient's strength, and in the open air in fine weather. Bicycling would perhaps be a great benefit. Doctor, discard all medicine and try the above faithfully and report. Allow more food as the appetite and digestion improve, but still simple and nutritious. We should cure this patient, but her habits of life must be changed to something like the above. Report details of all that you do, and results.—Ed.]

Hairpin in Urethra.

Editor Medical World:—A young woman called at my office to have a hairpin removed from her urethra. Upon questioning my patient I learned that it was inserted by herself, the bent end foremost, and was beyond touch with the finger. She said she was subject to dysmenorrhea, and had been advised by a lady friend to introduce a hairpin to dilate the orifice and thus relieve the difficulty. Neither she nor her friend had any knowledge of anatomy. In attempting to carry out this advice she inserted the hairpin by holding the prongs between her thumb and finger.

Digitized by Google

Having it well introduced in this manner it accidentally slipped from her grasp, the prongs expanding, and was beyond recovery by her. An examination revealed the fact that the object had made its way into the bladder (undoubtedly through her unsuccessful attempts to remove it), and would be difficult to remove.

After dilating the urethra, with a great deal of perseverance I managed to grasp one of the prongs of the hairpin with a small dressing forceps.

I now introduced the forefinger of my left hand well up into the rectum, and by this method I discovered that the forceps had grasped the prong about midway between the free end and the curve.

By careful manipulation I succeeded in making a new curve, and to some extent straightening out the original curve in the hairpin. By now making traction upon the forceps, my finger still in the rectum attending to the curvature of the object to facilitate its removal, I succeeded in removing the hairpin, and the young miss left the office both wiser and happier.

Larrabee, Wis. J. B. Rick, M. D.

Query: Had she been trying to "pin up her water-fall?"

Neoplasms in the Urethra—Gleet.

Editor Medical World:—In two cases of urethral diseases I have adopted a new and successful method of treating gonorrhea and neoplasm in the urethra. One case of obstinate neoplasm, caused possibly more from strong and deep injections than anything else, and which was so deep I could not get satisfactory results, and which would not yield to "taking medicine," I resolved on a new and novel plan, and if it is not original with me both the method, as well as the solution used, I am not aware of its ever being used by another.

The treatment consisted of taking a linen male catheter, of about number twelve, oil it, introduce it into the urethra until the neoplasm comes in the fenestra (which can be easily known by placing the fingers on the under side of the penis, as the catheter is slipped in); after in place a piece of rubber tubing should be, or has been, fitted over the other end of the catheter, about two inches long, and to this rubber tube the apex of a small funnel is attached, and into this funnel pour a solution made from stick caustic and water. The strength of the solution should be a ligh milk color. Fill the catheter and turn and draw it up and down. Continue for three minutes, and the treatment is finished. It causes no pain, and the patient can treat himself as well as you can. He needs hardly ever any other treatment, and in from a week to ten days the cure is effected. The catheter fitting tight, as it does in the urethra, prevents the solution from going deeper than you want it. I also used the same solution on a sore of the size of a dollar on a child's chin, the cause being from the stomach, first starting from the corner of the mouth. A cure was effected in this case in about four days.

Gleet, as is generally known, is the result of stricture, and to get rid of the gleet you must break up the stricture, and to break up the stricture you must use a cutting instrument or a bougie. I approve of the latter method, as in my experience a recurrence is not so apt to follow, but I do not approve of too large an instrument, so large as to cause a tearing any other place but the stricture. All urethras are not of the same size. A suitable size should be selected for each case. Keep the urine alkaline and you will cure your patient.

Rolla, Mo. C. C. Cooper.

The Lodge Practice Evil.

In cities, physicians complain that the free dispensary evil cuts seriously into their income, as many patients are treated who are amply able to employ and pay a private physican. There is a different evil which applies to smaller places, and concerning which the physicians of Santa Clara County, California, have taken a stand. Dr. L. Cothran, the secretary, writes as follows:

"Investigation shows that medical compensation for lodge work averages about 15 cents on the dollar. Even respectable lodge physicians feel a sense of degradation in giving their services for 15 cents on the dollar, and the ever-in-

Digitized by Google

creasing spread of these charitable institutions is absolutely destructive to the business of other physicians.

"The main incentive of the persons who band themselves together in lodges is to get cheap doctoring; they are willing to take, but not to give. They belong to protective unions, and the same right should not be denied physicians. Ninety-nine per cent. of these people are able to pay reasonable fees to physicians, but will not do so as long as a few doctors in every community for the sake of immediate gain can be induced to stand as driven guys to the lodge politicians. No preacher or lawyer would give his services to these people for fifteen cents on the dollar. No grocery store or merchandise firm would contract to supply these lodges with goods at fifteen cents on the dollar of actual worth. Where one doctor temporarily profits by contract work, the business and ethical rights of fifty others are violated."

The following are the resolutions adopted by the physicians of Santa Clara County, California:

WHEREAS, Rendering professional services at a stipulated fee per capita per annum is derogatory to the dignity of the medical profession, we, the undersigned physicians and surgeons of Santa Clara County, California, enter into the following agreement:

FIRST.—We mutually, jointly, and individually pledge our word of honor not to enter into any contract or agreement, or renew any existing contract or agreement, either written, verbal or implied, to render medical or surgical services to any lodge, society, association or organization.

SECOND.—We will not render medical or surgical services to the members of the above-mentioned bodies for less compensation than we charge the general public for similar services.

THIRD.—This agreement shall not be construed to affect existing contracts between physicians and surgeons and the above-mentioned bodies.

FOURTH—These pledges shall take effect and be in force for a term of three (3) years from and after May 22, 1896.

This agreement shall not apply to hospitals and purely public charitable institutions.

Then follows a long list of signatures, and a standing committee whose duty is "to interview new coming physicians, etc., and, in general, to carry out the purposes of the agreement."

Stirpiculture—Exfoliation of Lingual and Buccal Mucus Membrane.

Editor Medical World:—To shoot directly at the mark, it is very evident that Doctor Waugh is not a stirpiculturist. His remarks in December World in reference to the prevention of conception compel this conclusion.

It seems to me that Dr. Waugh has taken untenable ground and spoken without due consideration. The position he has assumed with respect to this matter renders it necessary for him to maintain that it is right, proper and advisable to continue to multiply weakness, pain, deformity, grief and sorrow, ad infinitum. It would seem that he fails to appreciate the importance and disirability of lessening disease and sorrow, deformity and depravity, by prevention. An ounce of prevention is worth as much in this case, in my humble opinion, as in any other.

How one can look over our land upon the well-nigh countless number of weak, afflicted, diseased, deformed, depraved and suffering persons without a sigh for an effective remedy, and contemplate perpetuation and mutiplication without earnest prayer for deliverance, is incomprehensible to me and suggestive of stoicism.

Consider the number of sick, weak, afflicted and deformed through heredity; consider the number of over-burdened, breaking-down mothers being actually consumed by excessive child-bearing; consider the number of men and women unfit to procreate; consider the number of doctors, drug-stores, hospitals and medical schools, and then answer the question: Is this a desirable state of affairs?

From the standpoint of the altruist, philanthropisit, philosopher, economist and stirpicultist, prudent and timely advice on the line of prevention is desirable and commendable, as it seems to me.

Digitized by Google

In conclusion I have a case I wish to present to The World household for diagnosis and treatment. The case appears simple, and yet it is obstinate. The case is that of a woman of 55 in good health, family history good. The trouble is confined to the tongue and inner side of the cheeks. The tongue presents the appearance of a superficial scald in patches with exfoliation of whitish rolls and flakes of membrane, thin and small. The same condition and appearance are observable upon the inner side of each cheek, the buccal membrane undergoing like exfoliation. The exposed surface of deeper structure looks a little angry. Considerable of each cheek is involved, but there is no appearance of malignancy. Trouble seems superficial. This process of reproduction and exfoliation of the membrane has been going on for two years or more, with little change of aspect. There is very little pain, except when hot fluids or other irritants are taken.

Treatment so far has only been palliative. Nothing seems to be curative.

Please diagnose and suggest treatment. Potas. chlorates, carbolic acid, silver nitrate, tinct. iodine, Seiler's tablets, and innumerable preparations have failed. What shall I do with it? Is it a form of eczema, and what will cure it? J. I. T. Long, M. D.

Allen, Md.

[Yes, doctor, you are right—and wrong. There are two sides to this question; indeed there are many sides to this most vexed question. In the present moral condition of the race the great danger is the abuse of preventive measures. There can be no question that they would be beneficent if only used in proper cases; but there is always the danger of giving free reign to license, and the wholesale avoidance of parental duties and responsibilities. Dr. Waugh takes his position largely on moral grounds, and this is absolutely necessary in the present condition of humanity. Your remarks also suggest a different line of thought that I fear does not occur to physicians as frequently as it ought. You speak of multiplying weakness, pain and deformity. How about our child labor and woman labor in our mad and irresponsible rush for gain? and the thousands maimed by our railroads every year! These things are as preventable as procreation by the unfit. And, more, if all our children were born perfect; and of healthy parents, our industrial system would dwarf, weaken, maim and deform them. I am not a revolutionist, but I am an evolutionist, and there are many things that must be speedily evolved. Shall our civilization be for the man or the dollar? The dollar is now the standard, and as long as dollars grow dearer and men grow cheaper, the children of men will be sacrificed to mammon, however perfectly they may be born. We may be far from the mines, the factories, the sweatshops and the slums; but in that "great day" we will find that we will have to bear our share of the responsibility for them. We burn the coal and get the products of the factories at as low a price as possible. As physicians we see many sad things, and our duty is to raise humanity, both physically and morally; as citizens we are a part of a complex civilization in which many systems are harbored that deform, debase and degrade. We have duties there, too.

Your case of mouth trouble is likely to be difficult to cure. Two thoughts suggest themselves; reflex irritation and malignancy. Examine for any evidences of ulcerative condition from esophagus to anus, from which reflex irritation could come. That failing, submit some of the exfoliation to a pathologist.—Ed.]

Prevention of Conception.

Editor Medical World:—The article on page 390 of October WORLD, and on page 431 of November WORLD under the caption of "How May Conception be Legitimately Prevented," are both timely and to the point so far as they go; but neither of them suggest a remedy.

I shall not enter into a discussion of the legitimacy of preventing conception. Suffice it to say that almost every physician has in his charge women to whom further child bearing would be at great risk of their lives, or if their lives were spared their future would be unalloyed torment. In such cases no question arises in my mind as to my duty.

Digitized by Google

My remedy is as follows: I make a vaginal suppository of cocoa butter, into which I incorporate from 6 to 10 per cent. of boracic acid and the same amount of tannic acid. These suppositories should weigh from ½ dram to one dram each. From three to five minutes before congress one of these suppositories is introduced into the vagina, and pushed well up against the cervix. The cocoa butter having melted and set the boracic and tannic acids free, they act as an effectual germicide, thus destroying the spermatozoa.

The use of these suppositories causes no discomfort of any kind, but on the contrary they do great good in cases of cervical or vaginal inflamation.

If the suppositories are too slow in dissolving you can incorporate a little olive oil, and they will dissolve quite readily.

I have tested this mode of preventing conception for more than six years with quite a number of women, all of whom had been bringing children into the world as fast as the laws of nature would permit, but since they began the use of this remedy not one of them has ever been pregnant, and all of them are enjoying the best of health.

Therefore I am persuaded that the remedy is an effectual one when properly used, and at the same time is harmless.

But let me caution you never to write a prescription for this remedy. The knowledge of these remedies should not become public property, for few women would ever consent to endure the pangs of child birth if they were in possession of the knowledge of so simple and yet so effective a remedy.

H. P. Monroe, M. D.

Harris, Kansas.

[We wish to emphasize the last paragraph of the above. The physician should not only be thoroughly convinced that it is extremely important from a medical point of view that his patient should not become pregnant, but he should consult his conscience long and seriously before allowing himself to take a hand in this kind of business, and when he does so, the patient should not know how or where to get the preparation except through him.—Ed.]

Editor Medical World: I notice in October and November numbers of The World, several little articles relative to how conception may be legitimately prevented, but am inclined to think from the way the brothers are taking this question up, that they do not intend to have much to say on this subject. I am positively in favor of any thing legitimate that will prevent conception when it is not for the best to bring up a family of children. I also believe there are numbers of ways to prevent conception if our learned brothers will give them out to the poor suffering women who always have to stand the suffering of giving birth to children, when they are not in condition to do so without long continued suffering before and after birth of the children. I believe it is the duty and should be the aim of every man and woman that enters the marriage state, to bring up a small family of two or three children, if they are physically and financially able to do so; but I think it is a sin against the laws of God and society for poor or weakly parents to bring into the world families that they are not able to bring up and raise properly, and in a large number of cases, leave for the cold world or some children's asylum or home to bring up.

Men and women will marry as long as the laws are such that they can, and as long as there are no laws to prevent the marriage of weakly and sickly men and women, and as long as they marry they will undoubtedly enjoy the, or rather one of the, main enjoyments that they are permitted to enjoy—sexual intercourse. As long as they enjoy this privilege there will always be conception. It has resolved itself down to one thing, then, and that is, what shall be done to prevent conception without injury to the woman's health. Now, to get the brothers interested in this discussion, I will suggest the following (which is not original with me), which I do not guarantee to answer the purpose fully, but will start discussion, and we will no doubt strike upon the proper remedy before we are through with the discussion. I would suggest sulphate of zinc, one spoonful in a pint of warm water, as an injection into the vagina immediately after intercourse, using irri-

Digitized by Google

gating or long tube of an Alpha "D" or "E" syringe. No waiting, but must be used immediately after intercourse. Now, brothers, be men, and let us hear from you on this subject, which is one of such importance to women.

"One who thinks women are one of God's noblest creations."

[In part of the above contribution not printed the writer seems to think that we should "let it be known" for the benefit of suffering women. We must insist all the time that this is a subject that should engage the physician's most careful and conscientious attention in any given case, and that to give out general information upon this subject is not to be thought of. How many men and women in your practice would shirk the duties of parenthood if they knew how, and thus miss the greatest joys of life? How many children would there be in your community if only those that are wanted would come? Far too many married people would procrastinate, saying "No, not yet," until the best time to procreate, or the ability to procreate, had gone. Then would come a lonely old age after a desolate life. No, doctors, don't have any hand in this business unless for the most important reasons, the leading one being such malformation of the pelvis as to render delivery impossible.—Ed.]

Editor Medical World:—There is no law, written or unwritten, human or divine, that forbids the prevention of conception when any valid reason exists for the prevention; and we are asked what we advise when such reason exists.

The mechanical means usually employed are objectionable from a hygenic and ethical point of view.

The condom is effectual, but it is an abomination, as it diminishes sensation in both male and female, and sometimes breaks.

The use of the hood, or "French Pessaire," for the female, requires too much skill in its adjustment, so that many times it fails to accomplish its purpose.

In the method of withdrawal, there is more room for unpleasant effects than from emission in a sheath; and as the sexual act is not completed, I believe it to be injurious, to the female at least, as it always leaves her unsatisfied, and for esthetic reasons is unpleasant to both parties.

The douche has a certain value, provided it is resorted to immediately after the sexual act, and if impregnated with carbolic acid or astringents in order to destroy the spermatozoa. Spermatozoa travel one inch in seven and one half minutes; and when conjugal relations are strong, mutual, normal and complete, the sequel is beyond the reach of an injection.

The aluminum button, to be placed in the os uteri, is of more recent origin. The objection to this is it can only be used when the uterus is perfectly free from all discharge.

Kleinwachter prescribes a cocoa butter suppository containing 10 per cent. boracic acid to be introduced high up in the vagina. They dissolve and the liberated acid destroys the spermatozoa. With this it is not necessary to follow the sexual act with a douche. This method I know to be effectual with a few.

The article I have to offer is effective, free from hygienic, ethical, moral or physical objection. It is a soft silk sponge, shaped in the form of a ball, of sufficient size, which will average as a rule, one and one-half cubic inches or a trifle more. A silk thread should be passed through it so it will not tear out and the two ends tied together, leaving them seven or eight inches long. That is the article complete.

No skill is required to adjust it. It is simply moistened and inserted a little way into the vagina, and at the needed time it will be carried forward, shielding and covering the os uteri, while the seminal fluid is caught and held in its meshes.

It is not necessary that it should be removed before morning, but it might be well to take this extra precaution.

Let this be as much a part of the wife's night attire as her robe, and I feel safe in promising her that the conjugal embrace will not mean the possibility of pregnancy.

I think it worth consideration whether or not controlling the quantity would not enhance the quality of the product.

F. F. Jackson, M. D.

379 Van Buren street, Chicago, Ill.

[While the above is a good review of

Digitized by Google

methods in use, yet there is nothing new here presented; nor do we think the method specially advocated is absolutely certain.

We have avoided and resisted the discussion of this subject in these columns for a number of years. That the use of this knowledge has a legitimate place in the practice of medicine, there can be no doubt. Yet we wish to impress the importance of making the application of it the subject of maturest judgment and deepest conscience. We will further ask that this issue of The Medical World be specially guarded from the hands of the lay public.—Ed.]

Heart on the Outside.

Editor Medical World :—I had a curious malformation lately. On November 20th, 1896, I was called to see Mrs. D., a primipara 25 years old, who had had a miscarriage two years before. After usual labor, delivered a child perfectly developed save that the heart was on the outside of the chest; perfect in every respect except the pericardium was wanting. The sternal end of the fourth and fifth ribs was absent, leaving an opening into the chest cavity, through which the aorta, vena cava superior and pulmonary artery and veins entered. The heart beat for two hours, during which time I tried artificial respiration, but without success. I should like to know if any of my brethren have had anything similar.

L. D. Bowman, M. D.

Tionesta, Pa.

[The above is unique as far as we know, and we hope the doctor was able to preserve it.—Ed.]

Treatment of Fractured Clavicle.

Editor Medical World :—The function of the clavicle is to brace the shoulder. In its fracture the shoulder drops down and forward. Bring the shoulder up and back until the end of scapular section is in nice coaptation with the end of sternal section, and keep the shoulder thus by using figure of eight bandage comfortably tight. Use starch paste or plaster of Paris with each turn of bandage. Use carbolized absorbent cotton next to the skin.

You will notice carefully that the end of scapular section is in perfect coaptation with end of sternal section; and if so you will be well pleased with your work. Now place a pad under the flexed arm and bandage the same to the body.

Thomas Aiton, M. D.

Creedmor, Texas.

Coated Tongue Long Continued.

Editor Medical World :—I wish to report to you a case which may be of interest and use to your numerous readers—one which, though I have practiced now twenty years, gave me so much trouble, puzzled me so much that I was several times on the verge of despair. More than that, the gentleman had gone the rounds among some of the best men without relief. Two years ago I treated him for about three months and exhausted all the remedies suggested to me for the trouble. I finally told him I could do no more for him, and that he might try other and better experience. However, after that interval he came to me again with the same trouble, exactly as two years ago. The history is as follows: Mr. C——, a well-developed muscular man weighing at least 160 pounds, and about 55 years of age, who seldom for years missed a meal or lost a day's work, has had, "as long as he can remember," a dirty brown thickly-coated tongue, thickest on centre and back, leaving only a very narrow margin near point and edges clean. To my inquiries, repeated and extensive, all symptoms were more or less negative; but those that I gathered during this long course of treatment, were as follows: More or less sluggishness of bowels, a drowsy stupid feeling, so that when in company or church he was overcome with tendency to sleep; a dead, cold feeling of left leg from hip down, with prickly itching feeling at times. His pulse, at weekly examinations, was variable and peculiar in so far that while at one time it had the normal beat of 72 beats to the minute, at the next visit was down to 60 or 66; but had one unchangeable quality—fullness and regularity—not intermittent.

Digitized by Google

In appearance he was dark, bronzed in countenance, and there seemed to me at times more whiteness of eye and a slight tinge of greenishness. Taking all these symptoms together, I diagnosed his trouble to be chronic gastro-hepatic catarrh; and from this I never varied in opinion except that my treatment adopted for its cure seemed a failure. During one of his last visits he mentioned that there was a large amount of slimy mucous, or greasy discharge with the feces, and I determined to treat that by antiseptics and correctives for the catarrh. At once there was a change for the better. My treatment then was as follows:

R Pulv. rhei, ... dr. ij
Sod. bicarb., . . . dr. iss
Aq menth. pip., . . . ad oz. vi
M. Sig.—Two teaspoonfuls in hot water after each regular meal.

R Beta-naphthol, . . . dr. ss
Bismuth subnit., . . dr. i
M. Put into 16 capsules.
Sig.—One morning and evening.

To my delight the change for better was at once apparent; the tongue became moist and threw off the fur more or less in one week, a remarkable result when you consider that I had tried nearly every corrective for liver and stomach sluggishness combined with catarrh, such as sod. phos., amon. mur., mag. sulph., combined with fld. ext. taraxicum, ess. pepsin (phenolated), and bitter tonics. We had, at various times, discussed the advisability of washing out the stomach repeatedly, but it always struck me that whilst a good temporary result might have been attained, it could not have been permanent, since it would not have removed the cause. Though the patient was very anxious to have it done, I so told him.

The question I would ask, and which is not clear to me is, was the sluggishness and stupidity of mind, combined with the drowsiness and tendency to sleep, so marked in his case, and also the slow, full, regular pulse, the result of stasis of the bile in the biliary tubules owing to swelling from catarrhal inflammation? or was it owing to imperfect separation from the blood of biliary matters owing to the sluggishness of the liver?

I forgot to state, in speaking of treatment, that he took, during all time of treatment, the calomel, sod. bicarb. and ipecac tabule, of Mulford & Co., night and morning.

G. Schmidt, M. D.
Milwaukee, Wis.

A Large Gall Stone.

Editor Medical World:—On March 9th I was called to see Mrs. J. R., aet. 65 years. She gave a history of frequent gastric disturbances, accompanied by vomiting of bilious matter; bowels usually constipated. At this time suffering severe gastric pain upon taking any food or drink, with no relief until the ingesta is discharged either by emesis or catharsis. Gave some alkaline remedies which seemed to afford great relief, but after a few days was again called and the alkalies again relieved her, but in a less degree than on preceding occasion. The trouble grew more persistent and refused to yield to anything that I prescribed. She vomited enormous quantities of bile, amounting to gallons in a single day! There was obstruction in the bowel which I could not satisfactorily locate. The green vomit changed to a brown fecal vomit, the vomitings being succeeded by a respite from pain. Death ended the scene on April 13th.

An autopsy was held, and a calculus as large as an ordinary chicken's egg was found in the ileum. It measured six and four and a half inches in circumference, and weighed fifteen drachms. On analysis it was found to consist of 60 per cent. cholestrin, 10 per cent. bile, and 30 per cent. insoluble in ether, alcohol or water. Although found some sixteen or eighteen inches from the ileo cecal valve, it had doubtless acted as a ball valve, at times running back from the cecum and allowing fecal matter to pass around it, and find egress.

Elizabeth, Pa. P. T. B. Shaffer.

Hypnotic Suggestion.

Editor Medical World:—According to the popular idea, a man must be both unconscious of his actions, and a mere tool or

Digitized by Google

automaton in the hands of the hypnotist, before he can be said to be hypnotized. But, according to our modern conception of the state of hypnosis, Mr. Moody, the evangelist, who is at present doing some interesting revival work in New York, and who is attaining his effects by the forceful suggestions which he showers upon his listeners from the pulpit and the platform, is simply a very successful hypnotist. By "successful" I do not mean that Mr. Moody is looking particularly for worldly prosperity, but that he is successful in his work. His listeners are in a state of light hypnosis; they are by no means unconscious of what is passing around them; they are not under the control of the speaker; they could not, by suggestion, be made to accept sense-delusions in the same manner as the active somnambulist.

I suppose none would be more horrified than Mr. Moody himself if it were hinted to him that the only point of difference between his methods and those of the public hypnotist was that he sought to spiritually elevate his subjects, while the latter is content to permit them to make sport for an audience.

But there is no doubt that a revival meeting is practically an exhibition of the effect of hypnosis. Not an injurious effect—far from it. In some cases the suggestions given are both instant and permanent in their effect upon the trend of thought of the listener, changing his preconceived ideas of his duty to his neighbor, his God, and himself, and establishing in his mind a better purpose, a fuller sense of responsibility, an eagerness to live aright, to live anew; to be more spiritual, to be less sordid. Yes, in some cases the lesson sticks: but for the great majority the revival is, as its name exactly indicates—a revival; a renewing of a fire that has always smoldered, deep down in the heart of each listener; and this fire, though it may give out a very perceptible warmth while Mr. Moody is assiduously applying the bellows, will die away again for want of both draught and fuel, as soon as the revivalist takes his departure to another city.

In this lack of permanence in the suggestion given lies the great point of similarity in all forms of mental treatment. It seems, indeed, as if to keep watch and ward constantly were a necessity; as if the work were never done. Apparently the only means by which the thought or suggestion can be made permanent is to keep hammering it in—to keep on; to keep at it. The driving-in process is a necessity, if not by the clergyman, or physician, teacher, hypnotist, or friend, then by the person himself. The gospel of Christian science is the gospel of perpetual and positive assertion, or the suggesting to oneself that something is not which to our senses it appears to be. Can you differentiate between this and hypnotic suggestion? To me all these things seem plainly to be as the branches of one tree; and the bark which enwraps both trunk and limbs is hypnotism.

It is not difficult to see how favorable the conditions surrounding the revival meeting are to the induction of the hypnotic state. There are the sense of physical rest, the music, the singing, the point of concentration, *i. e.*, the speaker's face; his sympathetic personality, and lastly, the oneness and emotional co-operation of the listeners with the expressed thought of the speaker. It is not unnatural, surely, that there should be found in such gatherings a general cerebral receptivity to suggestion which is supposed to be identical with the condition of the brain in hypnosis. To their religious ecstasy of enthusiastic accord with the speaker the listeners to a great extent surrender the reasoning faculty and follow whither he leads. He is for the time positive, they are for the time negative. Then is brought about that condition of faith and trust which is as far removed from the objective condition of inductive reasoning as the north pole from the south. Then it is that the spoken word falls on ground prepared to receive it, and according to the repetition of the teaching, to the nature of the individual, to his intelligence, to his training, to his environment, to the power of his auto-suggestion, or to his instability, will the thought implanted become an ideo-dynamic force, or be on the other hand soon forgotten.

Sydney Flower,
Editor of "The Hypnotic Magazine,"
Chicago, Ill.

Digitized by Google

Urticaria.

Editor Medical World:—This disease is also known as nettle-rash and hives. It is an acute eruption, accompanied by tingling, burning and itching. It shows itself by a sudden formation of wheals upon the skin, of different sizes, shapes and colors. The wheal is the characteristic feature of the affection. The typical form of this eruption is a broad, flat, slightly elevated papule, with a bright red center. The size of the eruption depends upon the amount of exudation. To the touch they may be firm or soft. Itching and burning are the characteristic symptoms of the disease. Sometimes it gives but little annoyance; again it may cause the most intense suffering. They may appear in any part of the body and suddenly disappear, to present themselves in another locality. Children are more susceptible than adults, but the trouble may appear at any period of life.

Causes:—The causes may be divided to external and internal.

The external causes are the irritating influences of plants of the nettle family, and the bites of certain insects, as lice, fleas, mosquitos and bed-bugs; and in some cases scratching or friction of the skin. In children it is very frequently caused by the bites of fleas, lice or bed-bugs. The internal causes are the most frequent, generally being due to some gastric or intestinal irritation. Certain articles of food, such as fish, clams, lobsters, cheese, etc., frequently give rise to this trouble. In some individuals who are susceptible, certain drugs will very frequently cause it. Among them are iodide of potassium, turpentine, copaiba, cubebs and salicylic acid. In children it is often caused by intestinal worms; in females by some uterine difficulty. It is intimately connected with the nervous system. In reality it is caused by an irritation of the nerves that supply the skin. Anything that disturbs the nervous system may produce it.

The prognosis is favorable so far as life is concerned. If the cause can be removed the trouble will rapidly disappear. Frequently it becomes chronic, either from non-recognition of the cause, or because the latter cannot be removed.

The diagnosis is easy. Simply remember the characteristic lesion and the subjective symptoms, viz., itching and burning. The discovery of the cause is the most difficult, as a rule.

Treatment:—The therapeutics of the affection are very unsatisfactory. If possible find the cause and remove it. If it is due to some irritating ingesta in the stomach or intestinal canal, an emetic or brisk purge will in most cases promptly relieve the trouble. Make the diet as simple as possible; avoid all stimulating food and alcoholic or malt liquors. If there is an acid stomach, give ten grains of bicarbonate of soda before each meal, or a little lime-water. If due to some irritating underwear, promptly remove it. Keep the bowels open with salines. The clothing should not be too heavy through the day, and the bed-covering at night should be light. See that the sleeping-room is well ventilated. Sponge the body with vinegar and water. Salt water-baths are frequently valuable.

When the disease has become chronic it will give both the patient and the physician a great deal of trouble. Locate the cause and remove it if possible. Regulate the bowels, stimulate the action of the liver if necessary, and carefully revise the diet. Examine the urine carefully and if abnormal correct it if possible. Salines and diuretics will be of service here.

Salicylate of sodium, 20 gr. doses three times daily, may prove of great value. Atropine, gr. 1-60, may be of some use. Local applications should also be used, such as sol. carbolic acid, ½ per cent., or black wash.

Alexander Hannah, M. D.

Sardis, W. Va.

[The question of the treatment of obstinate chronic cases of urticaria was submitted to Dr. S. Solis-Cohen, of this city. He believes this to be a nervous disease, depending upon irritation, either direct or reflex. The irritation may be chemical, mechanical, thermal or emotional; from within or without. The cure is to remove the cause. Emetics, cathartics, removal of any external irritation, etc., at once suggest themselves. Intestinal parasites, rather difficult to dislodge,

Digitized by Google

may be the existing cause. Uric acid in the blood is a very frequent cause. He treats this condition by regulation of diet, exercise, etc., and by giving alkalies —but not sodium.—Ed.]

To the Members of the Medical Profession.

I would be pleased to have an expression from you, either personally or through some medical journal, as to the relations of the lay-publishing firms of medicals journals and the profession. The request is suggested by the fact that Messrs. Wm. Wood & Co., of New York, refuse to permit the editors of "The American Year-Book of Medicine and Surgery" to use in our abstracts of Medical Progress articles and illustrations first printed in the Medical Record and the American Journal of Obstetrics.

This decision seems to me to be wrong for the following reasons:—

1. It prevents the dissemination of medical knowledge. The Year-Book condenses, systemizes, and criticises the year's medical work in a shorter space and more permanent manner than the journals, and has thousands of readers no single journal can claim, or hope to reach. Every physician writes and publishes articles in order that every member of the profession may, if possible learn of his work, and that science and progress may thus be furthered and humanity benefited. To intefere with such dissemination of our literature in reputable publications is, I think, discourteous and unjust to the profession and an injury to medical science.

2. This injustice and injury to medicine become all the more striking when physicians do not receive a cent of pay for contributions, from the publication of which the lay-publisher is supposed to make considerable financial profit.

3. No others in the world, not even those who pay their authors for their contributions, have in the least objected to our reproductions of quotations, abstracts and illustrations from their journals.

Do you wish to limit the dissemination of your contributions to medical science by such an exclusion of them from reputable publications? Is this literature the property of yourself and of the profession, or is it not? Does your gift of it to a journal make it the private property of the publishers of that journal? Is it not a rather a loan for temporary use only?

Will you not hereafter demand that there be printed with your article a statement that the right of abstracting the text or reproducing illustrating is guaranteed? Sincerely yours,

119 S. 17th Street, Geo. M. Gould.
Phila., Pa., Dec. 1896.

[We heartly indorse Dr. Gould's position, as given above. We do not believe in monopoly, nor any attempt at monoply, in medical literature. It is contrary to the traditions and the spirit of the medical profession.—Ed. M. W.]

Menstruation.

Editor Medical World:—Is not menstruation unnatural to women? Is it not the result of the moral law not complying with natural law? Is not menstruation in all its forms, simply so many abortions?—sometimes of a nonimpregnated, dead ovum, sometimes of an impregnated dead ovum, and sometimes of an impregnated living ovum, this last instituted in error, and kept up by habits?

Some years ago, a marriage was followed (in due time) by the birth of a healthy, girl baby. Mother and child did well for a month, when I was sent for (a very cold morning). I found the babe had been smothered between the two parents. I gave directions for drying up the milk, and returning to the normal non-nursing condition.

Some weeks after this I was called again, and found the patient with all the pains of dysmenorrhea. I tried for months to cure her, but could not.

I then told the husband that I wanted him and his wife to have no sexual communication for two months. I thought that would cure her. He told me that both he and she would do anything to get clear of those dreadful pains. I believe they kept the promise. The first term after separation was like the former, very painful; the second was easier, and the next quite easy, what we

Digitized by Google

call normal, followed by conception and a babe, now twenty months old.

Had she been afflicted with monthly abortion of a living impregneted ovum?

J. H. Sharp, M. D.

San Augustine, Texas.

Dyspnea.

Editor Medical World:—I used to have the most desperate kind of dyspeptic asthma, which brought me South twenty years ago, before I understood its management. Having another attack when encamped on the Florida beach, I sent to Key West for the following prescription, which seemed to make a radical cure, for I never had a suspicion of the complaint for many years afterward:

R Iodide Potoss.
Tr. lobelia. . . aa. 2½ dr.
Tr. sanguinaria . 40 m.
Syr. tolu . . . ad. 4 oz.

Dose—Teaspoonful before dinner, supper and at bedtime.

As I have known what appear to be permanent cures made by lobelia, it would appear to be a specific, whatever may be said to the contrary, as it is also the oldest asthma remedy. I have since seen the above combination in a medical journal, and it has been introduced into Potter's "Mat. Med., Phar. and Therap.," which ought to be a good endorsement.

For instantaneous relief of the "asthma of heart complaint" (dyspnea of thoracic hydrops), when the patient is at the last gasp, can't get his breath down a quarter of an inch by lung action, and blue in the face, just tell him to hold his nose and swallow all the air he can, as if drinking water. While doing this the involuntary rythmic contractions of the diaphragm will be noticed; then let him hold his breath and strain. He may think he hasn't time for such an experiment, as every breath missed is worth $10 to him; but he will find that it strains the water out of the lungs, and the relief from his misery is immediate and complete. This is the way I caught on to this little wrinkle: I had sat up three nights, many years ago, in mortal agony, when I felt a tremendous sneeze approaching, which frightened me as I thought it would be the "last straw;" but obtaining relief instead, I set to reasoning, and the above discovery was the result.

Arcadia, Fla. H. Rice.

[Doctor, your results may have been all right, but we do not think your reasoning is, nor your diagnosis. Your thorax could not have been filled with water and disappear so quickly. The cause was nervous. Your immediate and complete relief suggests snuff, or anything that will cause a sneeze, as a remedy in similar cases. Your description is graphic. One who has "been there" can describe it better than those who have only seen others suffer.—Ed.]

For Irritation of the Urinary Tract.

Dr. H. P. Saunders, of Alfred, N. Y., with his renewal for 1897, and after praising The World, gives the following for irritation of the urinary tract:

R. Populin (Keith's) . grs. xxiv
Sulph. codeia . . grs. ij
Tinct. contharides. . gtt. v
Water . . . oz. iij

M. A teaspoonful every fifteen minutes till relieved, then every half hour to two hours as needed. Shake before using.

The following he finds to be a very useful antiseptic, soothing and healing emollient for burns, sores, contusions, etc.:

Campho-Phenique . one part
Petrolatum . . . three parts

He says that, though having been in the practice forty-four years, he keeps his eyes open for "a better way." Whenever a better way is discovered, it should be given to all through The World

---

Whiskey and Salt Treatment for Asthma.

Editor Medical World:—In October issue Dr. Martin asks if anybody ever heard of the use of whiskey and salt in the treatment of asthma.

I have before me a brochure or pamphlet, printed in 1840 in the Swedish language, relating to the use of whiskey and salt in a number of diseases, as intermittent fever, gout, rheumatism, pneumonia, asthma, enteritis, diseases of skin and nervous system, and a number of other troubles.

The originator of this remedy was one

Digitized by Google

William Lee, of Leeds, England, a wealthy land owner, who, so the little pamphlet says, gave away annually about sixty gallons of the remedy to the suffering poor.

Here is the formula:

R Liverpool salt, . . . oz. iii
Best whiskey, . . . pt. i

M. Shake for ten minutes, then set away for twenty minutes, when it is ready for use. (Internally and externally.)

Has Dr. Buillis evet used belladonna with calomel?

It is said to prevent not only ptyalism, but also diarrhea. C. Erren, M. D.
Rush City, Minn.

D. A. P. Landry, of Nova Scotia, suggests that the earliest record of anesthesia is the biblical description of God casting a "deep sleep" upon Adam, before removal of the rib from which to make Eve. We suppose that few, if any, physicians take this story seriously; but the fact is interesting that the suggestion of a "deep sleep," different from the ordinary sleep, during which an operation could be performed without pain, has been before the race all these centuries, yet it was not until the present century that we were able to produce it. This story suggests hypnotism as well as nesth esia.

Individualization.

Editor Medical World:—Nearly every number of The World contains requests for treatment for certain diseases. The inquirers are frequently rewarded by valuable aid. But much more frequently, I fear, failure results, through the practitioner following the teachings of classical authors or the intensely practical hints given by the editor of The World and his galaxy of contributors. Why? Because there is no specific treatment for any disease according to our accepted system of nosology.

We must study the individual peculiarity of each patient. The nosological name of Smith's disease may be the same as that which afflicts Brown and Jones; but the treatment must be different in each case, because the patients differ from each other.

In the eye of the discriminating therapeutist the difference between individuals is of greater importance than the difference between the so-called diseases of the nosologist. When we begin to study individuality we cease curing diseases and commence curing sick people.

Bellevue, Kan. J. S. Watt, M. D.

Ulcerative Stomatitis.

Editor Medical World:—Dr. Hilliard, of Tarpon Springs, Fla., asks for treatment of ulcerative stomatitis. I will suggest to him what I consider an infallible cure. Give patient chalk mercury tablets, one-half grain each; one three times a day, for four or five days. In addition, have her to place in her mouth one-half grain tablet of sulpho-carbolate of zinc. Have her hold the tablet on the ulcers until it is dissolved, changing from one ulcer to another. Let her swallow the dissolved tablet. Repeat four times a day until her mouth is entirely well. It is thought by some that this form of stomatitis is the result of defective nutrition, causing an ulcer at the end of nerves similar to herpes; in fact, some call it herpes of the mouth.

Palmyra, Iowa. J. D. Blake, M. D.

Oil of Cinnamon as a Disinfectant.

Editor Medical World:—I think I ought to say in some of the medical journals, before it is too late, that of the numerous disinfectants and deodorants which I have used in forty years' work, oil of cinnamon stands pre-eminent. As a vaginal douche, where a douche is necessary, add three or four drops to a quart of water and use. Don't often have to repeat. For surgical work, where necrosis of bone or soft tissues require disinfection, this is the best agent of which I know—better than the advertised preparations. No time to write an extended article, nor is any needed.

J. P. Baggot, M. D.
Bamberg, S. C.

[The oil would not dissolve thoroughly in the water. Why not use a strong tincture in quantity to represent the same amount of oil, and which would diffuse readily in the water? Doctor, please give details of your manner of using as a surgical dressing.—Ed.]

Quiz Department.

Questions are solicited for this column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication) will not be noticed.

The great number of requests for private answers, for the information and benefit of the writer, makes it necessary for us to charge a fee for the time required. This fee will be from one to five dollars, according to the amount of research and writing required.

Correction.

November World, page 441, first column, last line should read m. x., instead of oz. x. Please take a pencil and make this correction now, while you have it in mind.

Uterine Trouble.

Editor Medical World:—The following case is very obstinate: A married lady, no children, been married eight years, menstruated regularly since fifteen. Her periods are about normal, except that she suffers very much with her head and back. Suffering continues most all the period. Digital examination finds the uterus anteflexed and a large cervix. She suffers some slight pains in lower part of bowels, but not constant. Some leucorrhea. She is sparely built but has the average amount of flesh. Her greatest trouble seems to be loss of strength. When she lies about for a few days she gets to feeling all right and well; but a few minutes' exercise will cause her back and head to hurt, and she gets weak and nervous. Therefore, she is in bed the most of the time, but has a good appetite and color. What is the probable cause of her trouble and the proper treatment?

R. L. Gattis, M. D.

Belle Noir, N. C.

[The difficulty of treating a patient at a distance, without ever having seen the patient, must be realized. We submitted the above to Dr. Theophilus Parvin, the eminent teacher of, and authority upon, obstetrics and gynecology, of Jefferson Medical College, who recommends as follows: Dilate the cervix under ether. Apply glycerine tampon daily to reduce size of cervix, also paint cervix with Churchill's tincture of iodine every three or four days. Thinks there is a hysterical element, perhaps caused by the local condition.—Ed.]

Scrofula.

Editor Medical World:—A girl, age 6 years, weight 32 pounds, complexion light. Family history, so far as we can learn, is good, and parents appear to be healthy; the father weighing 240 pounds, the mother 130 pounds. Parents say the child was born during the seventh month of pregnancy, and she has never been healthy. When about three years old an abscess formed under her arm about the size of half a walnut; since then she has had seven or eight such, either on her forehead or under the arms, and two more are now forming, one on the posterior surface of each arm just below the elbow. To the touch they are solid, and when lanced are found to be filled with a "hard pus" (this is the best way I know to express it), which seems to burrow into the tissues. These abscesses are about two months forming, and, after being lanced, are about three months in healing.

The bones of both forearms and left tibia are considerably enlarged, but not tender. Appetite good and bowels regular. Deciduous teeth were small, and dropped out in a few months. Permanent teeth are beginning to emerge, but are small and irregular.

She took syr. iron iodide for several months, about a year ago, and her general health improved; but the abscesses came oftener.

Any information regarding this case will be thankfully received.

Ledyard, Iowa. W. Lowder, M. D.

[This case was submitted to Dr. T. J. Mays, member of the faculty of the Philadelphia Polyclinic. He diagnoses it as scrofula, with probably a specific basis. The specific basis is suggested by the enlarged tibia and bones of the forearms. He suggests the following treatment: $\frac{1}{60}$ gr. cor. chlor. of mercury four times a day, after eating. Also, one-half teaspoonful of each of the following four times a day, after eating:

Syr. hypophos. comp. (Hostelley).

Syr. hydriodic acid (Hostelley).

These may be combined and given together, but perhaps the mercurial would better be given separately, either in solution or pill. All to be given after eating; after breakfast, dinner and supper, and before retiring, giving something to eat

first; but if the child retires early, soon after supper, a "piece" can be given about the middle of the afternoon, after which the medicine should be given. Nutritious food, open air, no exhaustive exercise. This treatment must be continued for a long time. Report occasionally.—Ed.]

Editor Medical World:—I shall feel grateful to any brother who has had experience in treating locomotor ataxia to give me his best treatment through the columns of The Medical World.

Ataxia.

Editor Medical World:—I wish to hear the opinion of you or some of the best M. D.'s whether the following question is an anatomical or a surgical one, if given at an examination.

The question is:

Describe Scarpa's triangle, the muscles and their relation to vessels and nerves within the triangle.

This question was given as a surgical question before a State board of medical examiners.

Also, I wish to know if the expression "nutmeg liver" is ever used in medical books, or is this only a local appellation? In the many books I have I cannot find it. Medic.

[This is an anatomical question, but its relation to surgery is so close that we see no impropriety in an examiner on surgery asking it.

Nutmeg liver is an expression that has found its way into medical literature. You can find it in Gould's Medical Dictionary, page 880, top of second column. —Ed.]

Editor Medical World:—I wish you and the many readers of The World to give me any information you can on the treatment of a case of purpura hemorrhagica.

My patient is a lady 27 years old, weighs 170 pounds, dark hair and eyes, very nervous temperament, mother of two children 8 and 10 years old, and has been a widow for several years. Appetite fine, digestion good, but she sometimes suffers from constipation, which, however, I have about relieved. The purple spots are not very numerous, but can generally be found. This trouble began three years ago, and hemorrhage from the nose and gums for two years was a very troublesome symptom, but now the trouble is uterine hemorrhage. She menstruates regularly when I am successful in stopping the flow at all. It sometimes continues for several months without ceasing; not very profuse, however, at any time.

My treatment has been tonics of various kinds, principally Blaud's pills, iron, quinine and strychnine, arom. sulph. and galic acids, and, when needed, tr. of digitalis. Locally, hot or cold douches with astringents in the vagina, and sometimes inter-uterine douches. By this treatment she has frequently been able to leave her bed two or three days after the passage of her "regular period." There has been no rise of temperature attending the attack. The injections used have been medicated, sometimes with carbolic acid, boracic acid, tannic acid or nit. silver. I have also used tampons with astringents. I have given also ergot, viburnum, etc. Her diet is nutritious, but not stimulating. She craves pickles, lemons and other fruits, and uses them freely. Results of treatment sometimes very fine; at other times nil. Practitioner.

[Are you sure that no uterine polypus is present?—Ed.]

Editor Medical World:—I wish to ask what is the best medical dictionary?

Also, the best remedy to excite the animal passions. I have extensive inquiries by played-out men and women.

Auburn, N. Y. Dr. ———.

[We find Gould's Dictionary of Medicine the most useful.

The best treatment for "played-out men and women" is good food, temperate habits, plenty of exercise, good hygienics and good morals. The last is the most important. Doctors should not "stimulate the animal passions." That is not what we are for. Our duty is to make people better, not help them to become worse. We would not deserve the high position we hold in society if we prostituted our powers. "Played-out

Digitized by Google

men and women" should become better men and women; then they will "play in" again; but we hope for a higher purpose than the gratification of animal passions.—Ed.]

A Tough Case.

Editor Medical World:—Will you be so kind as to ask help for me? I am 32 years of age, spare built, weight about 143 pounds; have had very fair health until 3 years ago, when I had a long spell of chills, followed by a hard spell of typhoid pneumonia. It was thought by three physicians that I would die. However, I seem to have entirely recovered, with the exception of polyuria. I made an analysis of my urine several times during a few months, but could find nothing abnormal except excessive quantity. After a few months this did not trouble me so much. About two months ago I made another analysis and found to my horror albumen 60 per cent. I then remembered that I had been easily fatigued for the past eight or ten months, and that urination had become more frequent, especially at night.

I have a good appetite and good digestion; very slight edema at times of face and left instep and ankle. I neglected to state that I had gonorrhea about eight years ago that lasted five months. I had a very high temperature for three or four weeks in the beginning, with one or two relapses. My urine showed 50 per cent. albumen then. I practiced masturbation in early youth and manhood excessively, also indulged in sexual intercourse very freely after marriage, about four years ago. Taken all around, I have been pretty tough. I would rather not have my name published, but will sign Dr. A. L. D.

Arkansas.

P. S.—Of course I know I have Bright's disease, and that it is incurable; but I want to prolong my life as long as possible, especially as I am in debt. I would be glad to hear from yourself as well as The World readers in regard to the best treatment.

[Doctor, your habits must now be as correct as they have been "tough" heretofore. Even after the mistakes of youth, many who should know better make marriage a perpetual debauch. Physically the results are just the same as though the marriage ceremony had not been pronounced; morally it is just the same, except the cloak of legality is thrown over it. You see your mistakes now, and your desire to live long enough to get out of debt is very laudable. The only medicine we will suggest for the present is the tincture of iron. Our readers may suggest other remedies if they wish. Take frequent hot baths or vapor baths to keep the skin acting freely and thus relieve the kidneys. Keep your bowels open and lead an exemplary life, avoiding fatigue and securing plenty of sleep. —Ed.]

A Hint.

Dr. W. S. Cline, of Woodstock, Va., writes: "I hate to write for The World, as so many doctors write to me and fail to inclose postage." Please take this hint. The least part of the cost of a letter is the postage; and that is the part that you can pay yourself when asking further information from a distant brother. Better make it a rule to inclose several stamps, to make up for past neglect and for others who are thoughtless as you have been. Keep plenty of stamps on hand all the time; get them by the dollar's worth.

Editor Medical World:—Will you please give me the formula in which you use pulsatilla? I have a case in which I wish to use it, and I can get very little information in my books as to the formula used, dose, etc. C. A. Brown.

Rincom, N. Mex.

[A drop of the tincture every half hour is a good way to give it. It is better used alone.—Ed.]

Editor Medical World:—Can you, or some other member of the fraternity, give the formula of Dr. Kennedy's Rheumatic and Neuralgia Dissolvent, and oblige an old subscriber?

Comments—Rhus Tox.

Editor Medical World:—November World, page 441, "Strychnine Cure of Alcoholism." R. No. 1, strych. nit.

Digitized by Google

gr. $\frac{1}{15}$, atroph. sulph. gr. $\frac{1}{300}$, aq. dest. m. x. Inj. t. i. d. This would seem to mean hypodermic. R. No. 2, strych. nit. gr. $\frac{1}{20}$, atroph. sulph. gr. $\frac{1}{200}$, aq. oz. x. Inject t. i. d. The amount of water in the latter would lead me to think that the injection should be rectal, and yet the dose is less than No. 1. The line of therapy, as completed in R. Nos. 4 and 5 leads me to think well of the methodus medendi, but I wish to see the oz. x. removed or confirmed. Why not use both sulphates? Is not $\frac{1}{15}$ gr. large for hypodermatic use? or does this class of patients bear large doses of strychnia well?

Lower half of page 445 seems to me to be wasted, which is not of usual occurrence in The World. It is too much like the boy emptying his shotgun into a thicket after a rabbit he had lost sight of.

Page 391, October number, query for use of rhus. tox., or poison oak. As I run through November number I fail to find an answer. I do not use it for names, but for conditions. Given, local sharp burning pain, bright redness of surface, sharp stroke of pulse, and especially it is indicated by a condition which gives small bright red spots on tip of tongue. It is an anti-zymodic, and corrects special lesions of the circulation by its action on nerve centers. Given the above conditions in a case of rhus tox. poisoning, and I will cure the case with sp. rhus gtt. v., aq. oz. iv., m. s. dr. j., every hour. Now don't label me homeopathic. I am only delving after facts, and believe that a doctor should profit by all of the best brought to light in the past history of medicine, and relegate pathics and isms to the past.

On same page I note the question of Dr. J., of Texas, regarding permanganate of potass., and would suggest that he try Upjohn's ½ gr. pills, one before breakfast, and increase the dose as the stomach bears it.

F. Milton Friend, M. D.

Lamar, Colo., 11, 15, '96.

[See correction in another column. It should be m. x., instead of oz. x. Sorry for error, but we are all human, you know. If others are as discriminating as you, they would not use this formula until put right. Yes, we, too, think that both salts should be sulphates, or both nitrates.

As to lower part of page 445, we think it one of the most valuable things in the issue. Are you ever bothered with persistent coughs, and wonder what next to give? It may be that you don't have them in Colorado, but in most other places we have them. Well, here are the results of 24 remedies tested in coughs, and all in one half page! In the language of the street urchin, "what more do you want?"—Ed.]

Adherent Placenta.

Dear Dr. Taylor:—In January I attended a lady in confinemeut and had a complete attachment of the afterbirth. I took away what I could, and used a solution of Seiler's antiseptic tablets as an injection every four hours. In December, I attended the same lady with hourglass contraction and a complete attachment. I had the best doctor in the county called, but with same results. Patient doing well. Did I do the best? Hemorrhage great in both cases.

Woodstock, Va. W. S. Cline, M. D.

[Doctor, your results in January are an emphatic endorsement of your treatment. We suppose your treatment was substantially the same in December, and we hope that your results will be as good. A college professor would have curetted the uterus if necessary to get all the placenta away—a very proper procedure, but you have shown that it is not always necessary.—Ed.]

Tinnitus.

Dear Editor:—Will you publish this query in the World?

Last winter my wife had nervous prostration, commencing with an acute or an execerbation of a chronic nephritis; albumen casts, granular casts (broken down) found with the microscope; later on her urine became normal, although during the whole time she was in bed the room was permeated with a uriniferous smell. After being confined to her bed six months, she is up, around, and quite well, except her head.

When first taken she had terrible noises in her head, and they have never left her. Sometimes she thinks she

Digitized by Google

will become insane from the roaring and buzzing. No one of the consulting physicians has offered any help for the noises. Can any of the readers of this journal give a hint that will help her and relieve a suffering mortal?

W. H. Judson, M. D.

Danielson, Conn.

[The first thing is to thoroughly clear the external auditory meatus. We suppose this has been done, although it is sometimes neglected. This being done, and the symptoms remaining, the trouble must be in the internal ear. At this stage we submitted the case to Dr. E. B. Gleason, 41 S. 19th Street, a very able ear specialist, who says as follows: "A minute quantity of cerumen, a hair, or a single flake of epithelium, resting on the drum-head, is sufficient to cause the symptoms. However, tinnitus is more frequently the result of some abnormal condition of the middle ear. This may consist of closure of the Eustachian tube, contraction of the ossicular ligaments, or the intratympanic muscles. In a certain number of ear cases the tinnitus is due to a disturbance of the contents of the labyrinth, as the result of congestion, anemia, or inflammation. Treatment is suggested by the condition found to be present. Middle ear or labyrinthine troubles require the attention of a specialist."—Ed.]

May I ask you to inform me where the Craig Colony for Epileptics is located? Any information which you may be able to give me in regard to conditions of admittance in the institution will be appreciated.

Francis M. Bishop, M. D.

Newark Valley, N. Y.

[Who can supply this information? We have heard of this institution, but have forgotten its location. An article describing this colony by some one familiar with it would be interesting. —Ed.]

Editor Medical World:—Young man, 35 years, good habits, fair general health. At the beach last summer, very hot day, suffered with the heat.

The next morning, on awaking, found he had lost control of upper and lower lips on right side; soon found he could not open eyelids on right side, nor move muscles on forehead, cheek or chin.

There has been no pain; can feel touch on face as usual. Blisters have been used on face, above the ear and back of neck; also electricity, interrupted faradic current.

Is this a case of paralysis of motor root of fifth nerve? Very little medication has been tried.

Will any of your numerous readers suggest any help?

E. W. Abbott, M. D.

Concord, N. H.

[Concerning the above we consulted Dr. F. X. Dercum, specialist in nervous diseases, who spoke of it as Bell's palsy (facial paralysis). The most usual cause is cold. Perhaps the young man lay on the ground awhile, or otherwise exposed himself to cold that warm night. Examine ear, as middle ear trouble sometimes causes paralysis of facial nerve. In that event, the middle ear trouble is probably the result of cold, and the paralysis the result of the ear trouble. Examine facial muscles electrically, to determine reaction of degeneration. The prognosis will be indicated by the reaction. Treatment: Electricity, the form depending on the reaction of the muscles. Internally, try salicylate of sodium; that failing, give iodide of potassium for a long time.—Ed.]

Editor Medical World:—I have read with interest an article in the October World, page 396, on the use of thiosinamine, and was particularly impressed with the reference made in regard to the absorption of cicatricial tissue. Now, in my specialty I frequently meet with old cases of lateral laceration of the cervix, with a bulky cicatrix in either side of the cervix, causing an unnatural gapping of the os. From the information you are in possession of in regard the use of thiosinamine, would I be justified in injecting the remedy in small doses into the tissues of the cervix, with a view of softning and reducing those cicatrices sufficiently to avoid the use of the knife?

Where can I obtain the remedy and what does it cost?

I take great pleasure in perusing the

Digitized by Google

pages of The Medical World; they are instructive and edifying.

Dr. D. W. Rodgers,
Union City, Mich.

[The above was submitted to Dr. Sam'l G. Dixon, the distinguished President of the Phila. Acad. of Nat. Sci., who originated this treatment. He says: "The action of thiosinamine is systemic. It should not be injected into the tissues of the cervix. If the doctor believes it worth trying in the cases mentioned, it should be injected into the arm or back."

Messrs Lehn & Fink, importers of rare drugs, 128 William street, New York, N. Y., can perhaps supply it.—Ed.]

If you can will you kindly give me your diagnosis and treatment of the following case, in your next issue? I am very anxious to get something to relieve the patient. Two elderly physicianss have tried and failed, just as I have.

Mrs. G., age 48, weight 235, ill since July 5, or confined to bed since then.

Had an abdominal abscess in region of left ovary 15 years ago, good recovery. Fell, April 25, and injured same side. Soon after the fall the muscles of left leg and side, also neck, were very sore, the head could not be turned without assistance. The left leg had to be drawn up; part of the time the cords beneath the knee were very tense; just above the elbow on outside of arm was a lump the size of a small hen egg. Pain just beneath the ribs in both sides is severe, also between the ribs on side over the heart. Temperature normal. For a time perspiration was profuse, not much now. Appetite small; feet bloated a little; also ankles. Pulse 78 to 94, at times quite irregular, also intermittent. At times a hacking cough distresses her. Bowels inclined to be constipated. Urine in July scanty, 16 oz. in 24 hours. Sp. gr. 1.034; sugar none; albumen, small amount; phosphates profuse; quite strongly acid. Now urine is 38 oz. in 24 hours. Sp. gr. 1.022, other points the same. The patient is lifted from the bed to a reclining chair occasionally. She can not bear any weight on the left limb. Once when she sat up everthing turned black to her.

As to treatment:

Diuretics are used freely. Spring water (Colfax, Iowa), potass acetate, digitalis, oil juniper, etc. Sodii phosp., tonics, nitric acid, protonuclin, peptengyme, bismuth, lactopeptine and calomel; malt extract, beef peptonoids, sulfonal, solophen, phenacetine, antipyrine, phytotaca, nitro-glycerine, blisters and electricity were used. As sedatives, we used, chloral, croton chloral, papine and a little morphine. The stomach is quite sensitive and it has cause to be. Still, none of the medicine has been used strong. The family have used three or four proprietary articles.

If you could give me a little aid in this case, it will be a favor. One doctor diagnosed the case lithemia; another, neuralgia.

There is no sign of an abdominal tumor nor abscess. A cousin of the patient was afflicted in the same manner.

W. A. Warner, M. D.
Lafayette, Ill.

[We wrote the Doctor that it may be spinal trouble due to fall; to examine spine for tenderness; to note altered areas of sensation and motor changes and report further. A case like this must be managed on the broadest general principles; and don't give so much medicine, and so many kinds. Make up your mind as to a line of treatment, and stick to that line without deviation until you have reason to change. Considering the age and weight of the patient, she cannot expect a rapid recovery. She must be patient, and is she not a little hysterical? Look to the circulation. Don't try to diagnose such a case as this as a "disease;" she is suffering from rather a complicated *condition*. Gentle massage, increased from day to day, might help the left limb.—Ed.]

Are You Insured?

Editor Medical World:—These discussions on industrial economics I consider of incomparable value to the profession in directing our attention to the weak points of the present system, which is constantly operating against the livelihood and business interests of the hard-working physician.

And because of your noble efforts in

Digitized by Google

this line of educating our profession in the all-important business of taking care of themselves and their families, I accord a hearty preference for The World to all other medical journals I have ever seen.

I will have these articles published in the "Southern Mercury," the greatest reform paper published in Texas.

You speak of an insurance provision in the last World—a most wise and excellent suggestion, and a policy I heartily endorse; but here, again, I am bluffed off by the gigantic insurance monopoly of private corporations, wherein we see that there are millions upon millions of dollars vested in the hands of some few stockholders, who are thus enabled, through the power of such vast capital, to oppress and rob their customers in taxing upon them extortionate policy rates. I am willing, and more than willing, to take out a policy of insurance on the co-operative plan, in which all the insured are stockholders; the business to be run on the assessment plan in paying death claims or indemnity sickness claims.

In co-operative insurance I feel satisfied that all moneys paid into the concern go directly to the support of the needy ones, without contest or vexatious litigation, while most of the old line companies are demanding an enormous profit out of the insured for the enrichment of a few private stockholders. Hence I am not insured, and, therefore, guilty of neglecting the all-important business of making a provision for the widow and orphans, chiefly on account of my antipathy to the oppressive extortions of private corporations. I do not feel like upholding a system of business that robs and levies an unjust tax upon the masses, in order to enrich a few individuals at the expense of the many.

But, changing the subject, can you inform me through the columns of The World in regard to the normal saline solution, its exact specific gravity and exact proportions and best method of preparing the same for transfusion into the vein direct, or by the rectum indirectly?

Oakalla, Tex. L. S. Hine, M. D.

[Normal saline solution is 75 parts of sodium chloride to 10,000 parts of water.

State insurance would suit you, Doctor. They have it in New Zealand, the "star of the southern seas"; but we can't hope for it for a long time, for Uncle Sam is an old fogy, and allows other countries to get ahead of him in so many ways. Getting rich is his hobby, and he cares much more for the rich than for the poor. If the doctors don't look out, one-tenth of the profession will have the patronage of the rich and live pretty fat, while nine-tenths of us will have to serve the poor for nothing, for there will be so many poor, and they will be so poor that they cannot pay us.

Thanks for what you say about my efforts. I have realized for a long time that the doctors must be educated on the principles of industrial economics, and that they, in turn, must educate the people, so we can hope to get something better. But I got a discouraging communication a few days ago. An old reader, while renewing his subscription, said that while my articles on these subjects were interesting, he did not see that they were practical; that there was no data from experience to prove that government telegraph and railroads would be a success, and that such a proceeding would place entirely too much power in the hands of the party in power. Mercy! Have I been writing in vain? I hope the doctor will read up the back numbers. In every civilized country on the globe except Bolivia, Cyprus, Honduras, Cuba, Hawaii, and the United States the telegraph is owned and operated by the government as a part of the postal system, and with entire success. Many leading countries, as Germany, Hungary, etc., own and operate the railroads, and they would not think of returning to the private corporation system. And this doctor lives in California, under the many abuses and extortions of the Southern Pacific! I thought all California doctors were particularly well posted on these subjects. As to increasing the patronage of the party in power, the merit system of civil service has decreased this patronage to about one-tenth of what it was twenty years ago. If the telegraph and railroads were to come under government control, of course the merit system, and not the partisan or spoils system, would be ap-

plied. It might be well to give a hint as to how such things would benefit the masses. A government telegraph system would open an office in nearly every post-office, employ about four times the present number of operators, at about double the present wages, and give telegraph service to the people at less than half the present cost. Yes, the immense profits of the Gould family from that source, would be cut off, but haven't they preyed upon the American public long enough? Government railroads would serve the daily interests of the people, particularly the farmers, to a much greater degree. We must educate or our patrons will continue growing poorer every year.—Ed.]

WHEN giving cases for our "Quiz" department, be sure to exhaust your own resourses first. Read up carefully; study each case as dilligently as lawyers are said to study their cases. Great lawyers are said to study every case laboriously and exhaustively; that is why they are great. Don't send to this department until you have read and studied, examined and reflected, until you have exhausted all your resources. Then send us a clear statement of the case, briefly giving every important point, but no unnecessary details. Dr. R. L. Gattis' case in this issue seems to be a good example. Give all treatment tried, and the results of the same.

To our regret we find that some very interesting articles, now in type, will have to be carried over till next month.

Yes, we still send World and Medical Council both for $1.75 per year. Also World and Alkaloidal Clinic for $1.75; all three for $2.75. New subscribers to Clinic get a nine vial pocket case, filled, as a premium.

Dr. G. A. Smith, of Clinton, Iowa, has used The Medical World Visiting List (in sections) for eight years, and says he could not get along without them. He writes: "I recently had occasion to sue a corporation for a professional account, amounting to nearly $1,000, and the little sections, as original books of entry, were unassailable, and I won my case."

If you want The World during 1897, don't procrastinate, but send immediately. There is no time like the present. Don't send a postal card. We can't live on second hand postal cards. Send a letter (no difference how short—the shorter the better), containing the subscription price. Or just enclose $1, with your card or printed stationery. No letter necessary. We will know that you mean it for The World for 1897.

Current Medical Thought.

Antitoxin in Private Practice.

Reported by Maud Josephine Frye, M.D, clinical instructor in the diseases of children, Medical Department, University of Buffalo.

As a supplement to the number of July 1, 1896, Pediatrics publishes the report of committee appointed by the American Pediatric Society to investigate this subject. The committee, consisting of Drs. D Emmett Holt, W. P. Northrup, Joseph O'Dwyer and Samuel S. Adams, submitted to the society, at its eight annual meeting at Montreal in May, a report, of which the following is a summary:

1. The report includes returns from 615 physicians. Of this number more than 600 have pronounced themselves as strongly in favor of the serum treatment, the great majority being enthusiastic in its advocacy.

2. The cases included have been drawn from localities widely separated from each other, so that any peculiarity of local conditions, to which might be ascribed the favorable reports, must be excluded.

3. The report includes the record of every case returned, except those in which the evidence of diphtheria was clearly questionable. It will be noted that doubtful cases which recovered have been *excluded*, while doubtful cases which were fatal have been included.

4. No new cases of sudden death immediately after injection have been returned.

5. The number of cases injected reasonably early, in which the serum appeared not to influence the progress of the disease, was but nineteen, these being made up of nine cases of somewhat doubtful diagnosis, four cases of diphtheria complicating measles, and three malignant cases in which the progress was so rapid that the cases had passed beyond any reasonable prospect of recovery before the serum was used. In two of these the serum was of uncertain strength and of doubtful value.

6. The number of cases in which the patients appeared to have been made worse by serum were three, and among

Digitized by Google

these there is only one new case in which the result may fairly be attributed to the injection.

7. The general mortality in the 5,794 cases reported was 12.3 per cent.; excluding the cases moribund at the time of injection or dying within twenty-four hours, it was 8.8 per cent.

8. The most striking improvement was seen in the cases injected during the first three days. Of 4,120 such cases the morality was 7.3 per cent.; excluding cases moribund at the time of injection or dying within twenty-four hours, it was 4.8 per cent.

9. The mortality of 1,448 cases injected on or after the fourth day was 27 per cent.

10. The most convincing argument, and to the minds of the committee an absolutely unanswerable one, in favor of serum therapy is found in the results obtained in the 1,256 laryngeal cases (membranous croup). In one-half of these recovery took place without operation, in a large proportion of which the spmptoms of stenosis were severe. Of the 533 cases in which intubation was performed the mortality was 25.9 per cent, or less than half as great as has ever been reported by any other method of treatment.

11. The proportion of cases of bronchopneumonia—5.9 per cent.—is very small and in striking contrast to results published from hospital sources.

12. As against the two or three instances iin which the serum is believed to have acted unfavorably upon the heart, might be cited a large number in which there was a distinct improvement in the heart's action after the serum was injected.

13. There is very little, if any, evidence to show that nephritis was caused in any case by the injection of serum. The number of cases of genuine nephritis is remarkably small, the deaths from that source numbering but fifteen.

14. The effect of the serum on the nervous system is less marked than upon any other part of the body; paralytic sequelæ being recorded in 9.7 per cent of the cases, the reports going to show that the protection afforded by the serum is not great unless injections are made very early.

ACTION OF THE SOCIETY UPON THE REPORT.

At the close of its presentation, the society voted to accept the report of the committee, and after a full discussion it was decided to embody its conclusions in the following resolutions:

1. Dosage.—For a child over two years old, the dosage of antitoxin should be in all laryngeal cases with stenosis, and in all other severe cases, 1,5000 to 2,000 units for the first injection, to be repeated in from eighteen to twenty-four hours if there is no improvement; a third dose after a similar interval, if necessary. For severe cases in children under two years old, and for mild cases over that age, the initial dose should be 1,000 units, to be repeated as above if necessary; a second dose is not usually required. The dosage should always be estimated in antitoxin units, and not of the amount of serum.

2. Quality of Antitoxin.—The most concentrated strength of an obsolutely reliable preparation.

3. Time of Administration.—Antitoxin should be administered as early as possible on a clinical diagnosis, not waiting for a bacteriological culture. However late the first observation is made, an injection should be given, unless the progress of the case is favorable and satisfactory.

The committee was appointed to continue its work for another year, and was requested to issue another circular asking for the further co-operation of the profession, this circular to be sent out as soon as possible, in order that the physicians may record their cases as they occur through the coming year.—Buffalo Med. Jour.

Class-Room Notes.

(From Dunglison's College and Clinical Record.)

Ichthyol (one-third) and carbolized vaseline is a good ointment applied over an Erysipelatous Area.—Keen.

Small enemata of ice water are of great value in relieving the Peristalsis so dangerous in certain complications of typhoid fever.—J. C. Wilson.

To wash out a sinus arising from Septicemia, Prof. Keen recommends a solution of sulphuric acid, one part to 30. Peroxide of hydrogen may also be used effectually.

An ice-pack applied to the abdomen in

Digitized by Google

Peritonitis often affords much more relief than the stupes of turpentine, etc.—J. C. Wilson.

Hemorrhage in Typhoid Fever is best treated by restricting the indigestion of fluids, and by the use of opium odministered until its physiological effect is obtained. The opium may be given either by mouth or by suppository.—J. C. Wilson.

In simple Impotigo the lesions may be incised, the contents pressed out, and a simple protective dressing of carbonized zinc oxide ointment applied.—Stelwagon.

In the expulsion of a Tapeworm, all food withheld for twelve hours, and a drachm of the ethereal extract of male fern in a mucilaginous emulsion given every three hours proves a most useful procedure.—J. C. Wilson.

The edema of the lower limbs in pregnant women is best treated by bandaging the affected part; a hot bath (95°) and immediate wrapping in blankets with copious draughts of hot water or hot milk, is also good treatment.—Parvin.

Our Monthly Talk.

Concerning the express business, I have gotten some "eye-opening" facts from a recently published book. The following letter will explain:

Philadelphia, Pa., Nov. 25, 1896.

United States Postmaster General, Washington, D. C.

Dear Sir:—I inclose an article which appeared in The Medical World for November, advocating an extension of the Postal Service in the direction of "Parcel Post," so as to practically perform the service now performed by the express companies.

I have gotten a number of letters in reply to this article, all favorable to the suggestion. The Imperial Granum Co., of New Haven, Conn., suggests that the merchandise postal rate be reduced from 16 cents to 4 cents, or at most 8 cents (same as books) per pound. This seems a reasonable suggestion. But I read in a book entitled "A General Freight and Passenger Post," by J. L. Cowles, published by G. P. Putnam Sons, N. Y., on page 7: "Our express companies carry all sorts of parcels from the domicile in New York to the station, thence by rail a thousand miles to Chicago, and deliver at the domicile in that city, at a rate of $3 per hundred pounds; but the railways tax the government 8 cents a pound, $8 a hundred, $160 a ton for the transportation of its mail bags for an average haul of not over 442 miles." And on page 17: "Our railways are post-roads; they can carry, and they should be made to carry, merchandise for the post-office as cheaply as they now do it for the express companies."

Will you kindly inform me as to the accuracy of the statement that the railroads carry for the express companies so much cheaper than for the post-office? If this is true, the merchandise postal rate cannot be reduced until the railroads charge a more reasonable rate for carrying for the post-office.

I would be obliged for information concerning, and your views upon, the same. It is not idle curiosity on my part, but I am inquiring on behalf of over 25,000 physicians in all parts of the country who read The Medical World, and who are interested in having instruments and samples of new medicines carried to them at a reasonable cost for the service—preferably by the Post-office Department.

Very truly,

C. F. Taylor.

In reply I received an intricate table, giving charges per year per mile. As private parties do not get their transportation service in that way, I sent the table to Mr. Cowles to interpret and simplify. We will follow this up, and see if this injustice cannot be remedied. The price of Mr. Cowles' book is 75 cents. I advise that it be read and circulated.

LATER: As this goes to press I get further information directly from Mr. Cowles. Will follow this matter up next month. It is important to every physician, In the meantime get the book and read it. The editor of the New England Magazine says that it is the most important book that has appeared since Lloyd's "Wealth Against Commonwealth." Send directly to Hon J. L. Cowles, 384 Crown St., New Haven, Conn., for the book. Price, only 75c.

How many have done as directed in the following letter?

Editor Medical World.—I took your advice as given in October World, page 395, and sent for the book by Dr. W. H. Smith, of St. Clair, Mich., "The Effects of the Gold Standard, published by Chas. H. Kerr & Co., 56 Fifth Avenue, Chicago (price, 25 cents), and I wish to say that it explains the question fully and clearly. I wish to ask every physician to read this book, and talk bimetalism until we get relief. I would be pleased to hear from those who do this. J. W. Shemmell, M. D.

Bumpus Mills, Tenn.

We were deeply in earnest in our advocacy of silver, believing it to be for the true interests of the masses of the people, and consequently of the medical profession. We were proud that one of the very best books on the subject came from one of our own profession. What was true in principle a few months ago is just

Digitized by Google

as true now; but we have had an election since then, and for our sentiments concerning the same, see December World, page 478. There are many who believe that President McKinley will see, or be forced by conditions to see, the light and adjust himself to it. He and his friends wish his administration to be a success, and we sincerely hope it will be, for it can only be by prosperity to the masses of the people, and this is what we want. The object is not partisan victory, nor partisan success; but prosperity to the masses of the people, and hence to the medical profession. We must work and educate until we get this. Many think the silver question was settled by the last election; but that remains to be tested by the condition of the times under a higher tariff and a continuation of the gold standard. If the times continue bad and grow worse under the incoming administration, the whole question will be opened again, and we and our people must be ready for it. Therefore, take the doctor's advice, and read and circulate this book. Another book should be spoken of in this connection; we were not aware of its excellence until after the election. It is "If not Silver, What?" by Hon. J. W. Bookwalter, of Springfield, O. It is published by Messrs. Claypool & Co., Springfield, O., price, 20 cents. It is scholarly, broad, and judicial. We strongly recommend its reading. We sincerely believe the exclusive gold standard to be unjust and prejudicial to the producing classes of this, or any other country. Those who believe that anything different would be "dishonesty, repudiation, etc.," do not understand the question; and it is they, particularly, who should read the above-mentioned books.

While the above are our sincere sentiments, yet we know that the remonitization of silver, while much better than the single gold standard, will not be a final solution of our money question. We will endeavor to make room for some remarks on *something better* than silver in a month or two.

But what do you think of this for non-appreciation and ingratitude? A subscriber (we will not give his name but Indiana in his State) writes that he does not believe in "balloon dollars," and cannot renew his subscription to the Medical World until 1900, by which time he expects silver to be remonetized. If all our subscribers would do this, they would kill the only medical magazine committed to this side of the question. Is this the way to atttain an object? Is it not like trying to get rich by killing the goose that lays the golden eggs? Capital, monopolies, trusts, etc., prosper by sticking together; and they will continue to bleed the people until the people learn the value of sticking together.

I have infinite patience with sincere gold standard men (who are not bigoted, and I try not to be bigoted in my opinions), and I suppose there are many thousands such who are readers of The Medical World. I feel it my duty to show them that the gold monopoly is the greatest monoply in the world; that it is world-wide and all powerful; that as gold rises (demands more products per ounce) every other product, including silver and humanity itself, is debased; that humanity sighs and cries for relief; that our profession is a part of that humanity, and feels the impoverishing effect of some unseen power. At the same time I freely admit that a similar silver monoply, or monopoly of both silver and gold, might be possible and become oppressive, in which event I would oppose it just as I now oppose the gold monopoly.

But with the silver man who now wishes to desert his only friend in medical journalism, we have no patience. However, we will say to any who fear that the effects of the gold standard will rob them of their favorite medical magazine, if they cannot send the regular price, a personal letter to the editor (brevity desired) with three quarters or half the regular price, will secure continuance.

Later:—I wrote briefly to the doctor and sent him reprints of articles from The World on economic subjects, which so many of you have had reprinted in your local papers. I am a "Hoosier boy," having been born on the romantic Wabash; and I have always been proud of my native state until I received the letter above referred to. But promptly in reply came a renewal and an apology. The following is a part of his letter:

"I beg your pardon, as I thought your journal was in favor of the gold standard, and I made up my mind to not send any money East, but had sent my dollar to the St. Louis 'Medical Brief.' After investigating your literature, I at once find my error, and gladly acknowledge my mistake. I will have our county paper publish as much of your literature as possible."

And the reputation of Indiana for gratitude is saved!—I have always been modest, and put these special articles in smaller type. You must read everything in The World, or you might miss just what you do not wish to miss. I have found the East, particularly scholarly Philadelphia, very congenial; but I left my heart among the striving, aspiring people of the Great West. The charge, freely made a few months ago, that what they advocate is "dishonesty, repudiation," etc., is a calumny. But, friends, while gold and silver together as a money standard is more just and more honest than gold alone, don't allow "silver" to eclipse your view of other questions. It is not even all of the money question. I will try to make that clear in a short time when I will present to your attention "something better than silver."

I make these remarks in these pages because the gold monopoly and many other monopolies are impoverishing our profession by impoverishing the masses of the people; and The Medical World is devoted to the financial interests of the profession as well as to its scientific interests.—C. F. T.

Digitized by Google

"THE KEY NOTE; SUBSTITUTE HONEST MONEY FOR FICTITIOUS CREDIT." An appeal for genuine money from a Republican standpoint. By Albert Griffin. Published by S. L. Griffin & Co., 119 South 4th street, Philadelphia. Price, in paper, 50 cents; bound in cloth, $1.

This is a well printed book of 448 pages. On the back are the following words: Bimetalism—Protection—Republicanism. This would naturally invite Republican readers, and repel Democratic and Populist readers. But let me say that a member of any party can read this book with profit. I enjoy a very pleasant acquaintance with Mr. Griffin, who has been a staunch Republican for forty years. My many years' study of the financial question led me to think that I had a pretty good knowledge of it; and when Mr. Griffin's book came I thought I could get the leading points in it in half an hour. But I soon found myself reading every line and every word carefully, page after page; and instead of half an hour, I have spent many hours very profitably with this book. So do not be misled, as I was, with the thought that you are well posted on this question, but get this book and see a phase of the subject not presented by the ordinary book on the money question. It is large value, both in quantity and quality, for its price.

Blakiston's Physicians' Visiting List is the oldest as well as one of the best published. While it has long been before the medical public, it is constantly revised and improved.

Wit and Wisdom.

The physical examination was almost complete, when the physician began inquiries into the family history. "What did your father and mother die of?" "I don't exactly remember, sir; but it wasn't anything serious."

Has not every doctor a troublesome case of eczema? See advertisement of Noitol, and send for sample.

Do you live in the country? If so, you have open space. Poultry raising is not only interesting, but very profitable The Reliable Incubator and Brooder Company, of Quincy, Ill., have sent us a beautiful 168 page catalogue full of information. The postage on it was 4 cents. We feel certain that they will send you one if you will send postage, and mention this notice.

The Cough and Constituent Tablets acted beautifully in a severe case of phthisis pulmonalis. Shall order more soon. The Freligh's Tonic is everything it is recommended to be. I have never used the remedy for rheumatism. Shall be glad to give it a trial.

Scottsburgh, Va. H. C. Beckett, M. D.

Mr Greeley was busy that morning and didn't want to be annoyed. The minister was persistent, and thought he must have a contribution for his pet society. Finally he said in rather a loud tone and an impressive manner: "Mr. Greeley, I want you to contribute to this society to prevent people from going to hell!" "Go along," said Mr. Greeley. "I won't give you a cent. There are not half enough people going to hell now!"

Messrs. McKessons & Robbins have many good preparations and much good literature, but they have never advertised in our pages. Write and ask them for pamphlet on treatment of upper air passages. Also, they may spare you a copy of their book, "The Newer Remedies." Tell them your opinion of The Medical World.

Tri-Elixiria is a new remedy advertised with us this month. See advertising notice formula, and send for literature. Please don't neglect this.

Apenta is one of those remarkable Hungarian waters. You can judge of it by the following formula:

	Grns per Gal.
Magnesia sulphate	1474.2
Magnesia carbonate	12.8
Magnesia bromide	0 85
Sodic sulphate	1307.9
Calcic sulphate	184.31
Potassic sulphate	5.92
Lithic sulphate	5 31
Sodic chloride	123.80
Fluorine	traces.
Sodic carbonate	33.47
Calcic carbonate	8 20
Ferrous carbonate	5 42
Ammonis (free and albuminoid)	traces 0 004

It is one of the finest purgative waters known. See address on page facing editorial, and send for literature.

Caroid comes on our front page this time. Those comparisons appeal directly to the eye and the reason. Write for further information. Try it for dyspepsia in which pepsin has failed.

What do your patients wear next to the skin this cold weather? Would you be surprised if linen were suggested? We are told that in Northern Russia all classes wear pure linen underwear, instead of wool. Write for literature and sample to Dennel Linen-Mesh System Co., 409 Pearl street, New York, N. Y.

Have you sent for that sample of Resinol? Do it to-day. See advertisement first leaf over from contents.

Have you still that obstinate case of anemia? Why did you not put her on liquid hemoferrum? It is not too late yet. See advertisement of F. Stearns & Co., and send for literature and samples.

Digitized by Google

The Doctor—"Mrs. Brown has sent for me to go and see her boy, and I must go at once." His Wife—"What is the matter with the boy?" The Doctor—"I don't know; but Mrs. Brown has a book on 'What to Do Before the Doctor Comes,' and I must hurry up before she does it."—Household Words.

Do you give your babies, feeble children and old people the advantage of that royal food, imperial granum? If not, why? If you are not acquainted with it, see advertisement just over from contents, and write for a sample.

"Free to our doctor friends, Warner's Visiting Records and Prescription Blanks." This is quoted from advertisement of William R. Warner & Co., which see. You won't get them unless you write for them.

Mr. Upjohn is an original and earnest man. We have talked with him on other subjects besides pharmacy. When such a man comes into pharmacy it is for a purpose, and that purpose is being rapidly accomplished. When his friable pills came out they created a sensation. He once told us he had never seen an old fashioned pill machine. He did not want to know the old way. He came with a new way. You use his pills, don't you? See inside, last cover.

There seems to be no limit to the enterprise and originality of the Antikamnia Chemical Company, of St. Louis. We have just received from them the most unique and interesting calendar for 1897 that we ever saw. No wonder Antikamnia is such a success. A good thing to start with, and such brains behind it. These men would not put so much thought and expense into Antikamnia unless it were a good thing.

Do you use campho-phenique powder? If not, send 4 cents for postage, and write to Phenique Chemical Company, St. Louis, Mo., and mention this notice, and you will receive half-ounce package; as it sells for 50 cents per ounce; this will pay you, and you will become acquainted with a good thing.

See atttractive advertisement, page 5, and send for literature.

Nervous Prostration.—My son aged 12, had been growing nervous over the shock of his brother's death, and seemed to derive no benefit from any remedies used in his case. Had him to the sea shore, change of surroundings and everything that could be done for his benefit; he still grew thinner and worse all the time I put him on Celerina, and had marked benefit before the first bottle was used, and he has almost entirely gotten over it with the help of another bottle I got for him. I consider it a very nice and efficient nervine, just the thing for the children and nervous and delicate persons, where there is great prostration. I shall use it freely.—N. P. Frassoni, M. D., Moosic, Pa.

She was the tallest woman on record. She was so tall that when she got her feet wet in March she didn't have a cold in the head until the following December.

Just drop a postal card to Messrs. Parke, Davis & Co., of Detroit, Mich., for their complete price list. Very handy to refer to.

When you are puzzled, it is safe to give Fellows' hypophosphites, for it is one of the best tonics known.

Samples of uterine wafers will be sent to you by Messrs. Micajah & Co., of Warren, Pa., if you are not acquainted with them.

Mulford's antitoxine is pure, safe and efficient. See testimony inside first cover. It has been used by over ten thousand physicians, in 40,000 cases, with less than 5 per cent. of deaths! Send for pamphlet.

Opposite Contents you will find what two physicians say about Mercer's Pill Vita.

Peace and comfort for the babies; yes, and for "itchy" grown people, too. That is what Dr. Fehr's compound talcum powder does; and if you don't give your patients this comfort they should employ some other doctor.

"Something new; just out; get it." See advertisement of Cloride of Silver Dry Cell Battery Company, and see what it is and how to get it.

Have your patients to get elastic stockings that won't pull apart; that is, the "Master" stockings. Catalogue free. Pomeroy & Co., 15th street and Broadway, New York, N. Y.

Send for enlarged and revised manual (free) to Messrs. B. Keith & Co., 75 William street, New York, N. Y.

We believe Allison's operating tables and chairs to be superior. See their advertisement and write for further information.

We have a new malt and a good one in this time. See advertisement of Long Island Bottling Company. The malt is superior and fine, and the price is reasonable.

Elixir Six Iodides. Does that appeal to you? Turn to Walker-Green's advertisement and read about them.

Dr. Willis H. Davis thinks he is the oldest advertiser we have. He is slightly mistaken, as Messrs. William R. Warner & Co, are our oldest, having been with us continuously since 1883. Perhaps Dr. Davis comes next. He has two quarter pages in this month. The World must be a good thing for him, or he wouldn't stick to it so long; and his goods must please our readers, or they wouldn't continue to patronize him.

When writing to advertisers, always mention The Medical World. Not only that, but give your opinion of it as well. This will interest advertisers.

(Continued over next leaf.)

Digitized by Google

The Medical World

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World.

C. F. TAYLOR, M.D.,
Editor and Publisher.

Subscription to any part of the United States and Canada, ONE DOLLAR per year. To England and the British Colonies, FIVE SHILLINGS per year. Postage free. Single copies, TEN CENTS. These rates must be paid *invariably in advance.*

We cannot always supply back numbers. Should a number fail to reach a subscriber, we will supply another, if notified before the end of the month.

Pay no money to agents for this journal unless publisher's receipt is given.

ADDRESS ALL COMMUNICATIONS TO

"THE MEDICAL WORLD,"
1520 Chestnut Street,
PHILADELPHIA, PA.

VOL. XV. FEBRUARY, 1897. No. 2.

Colony Management for Epileptics.

A number of replies to the Quiz on page 36, January WORLD, asking for the location of Craig Colony for Epileptics, have been received. Its location is Sonyea, Livingston Co., N. Y. It is a State institution, the establishment of which was inspired by the colony at Bielefield, Westphalia, Germany. The Craig Colony will be a year old February 1st, of this year, and it has already become a decided success. A number of facts concerning it appeared in December WORLD, page 483.

Among the replies to the Quiz came some interesting literature on the subject from Dr. Frederick Peterson, of New York City, President of the Board of Managers of Craig Colony. This literature shows that we are entering upon a new era in the management of epileptics.

Statistics show that epilepsy afflicts from one to two in each thousand of population. Taking the lesser ratio, a very simple calculation shows that in our 70,000,000 population there are about 70,000 epileptics, and we fear this calculation is too low. A very important question is, what shall be done with this large and unfortunate class? In the past the indigent ones have been sent to almshouses, there to live a hopeless life of neglect, associating with paupers. Those whose relatives can keep out of the poor house are almost as miserable, as they are debarred from society and occupation, shunned by all, and a burden to their relatives.

Colony life is the star of hope in the lives of these unfortunates. The members are bound together by a common affliction, and each one can feel the equal of his associates. No more disheartening shunning and dismal isolation. The affliction of these people disables them for only a few minutes each day, week or month. All the rest of the time they are capable, both mentally and physically, as a rule. Colony life opens up to them occupation, education, amusement, association, etc.—all that is worth living for. This alone has already done more for

Digitized by Google

Craig Colony epileptics than medicine could ever hope to do. This makes a good basis for medical treatment, the former disheartening condition having been a heavy handicap to therapeutics.

An important feature of colony life is that they become almost self-supporting. At Craig Colony those who are able are put to work at something congenial, farm and garden work occupying the majority; and it is found that the products already pay about one-half the cost of maintenance, and it is hoped that finally the colony will become entirely self-supporting.

It is gratifying to know that a number of States are preparing to follow the example set by New York in the management of epileptics. We hope that in a few years all the poor houses will be cleared of their epileptics, and that they will be enjoying colony life, contributing to their own support by their labor. This will result in a much greater number of cures, and a much less percentage of insanity from epilesy.

Only the indigent class has as yet been provided for. We suppose that a "pay" department, or private institutions patterned on these lines, will be an early development, for those who are able to pay.

A CHEMICAL analyst says that fully half of the specimens of urine that come to him for examination, come in beer bottles. It is a happy (?) thought that in time these same bottles will appear on the table of the beer drinker, filled with his favorite beverage. The moral is, either don't drink beer, or don't use beer bottles for such repugnant purposes.

WHEAT is one of the few articles that will sustain life indefinitely; but bread, made from white flour, will not. Why? Because the white flour customarily used does not contain the most desirable parts of wheat. Bread made from flour which includes the entire grain, except the outside hull, is a complete food. If children were raised on this kind of bread, instead of white bread, neither the dentist nor the doctor would be needed so often, and the bones, brains and muscles of those growing up would be better stuff.

How Shall Criminals be put to Death?

Over a year ago the Allegheny County Medical Society (Pittsburgh, Pa.), appointed a committee to make an exhaustive investigation of the present methods of executing condemned criminals and recommend a substitute for hanging or electrocution. Dr. J. V. Chessrown, physician of the Allegheny county jail, chairman of the committee, says that the committee is about ready to report and will give the result of its investigation at the next meeting of the Medical Society. The committee will recommend that gas be substituted for the rope and electric chair. Dr. Chessrown says condemned prisoners could be painlessly put to death during their last night's sleep. The Medical Society will draft a bill for presentation to the Legislature this winter providing for the change.

Capital punishment rests upon two theories. One is for punishment, and the other to deter others from committing similar crimes. Punishment with death is not punishment in the ordinary sense, for the subject being dead cannot reform his ways. This is revenge rather than punishment. If this must be, it should be as humane as possible. We have often thought that a toxic dose of morphine, either by mouth or by hypodermic injection, would be a good plan. Asphyxiation with gas is about as humane, but not so convenient. Those who believe that the value of capital punishment is to deter others from committing crimes might think these methods too easy—not sufficiently horrible! Will not some future age look back on the legal murder of criminals as a feature of a barbaric age? Can nothing better be done with them? Conscience and intelligence will answer this question some time.

Digitized by Google

Original Communications.

Short articles on the treatment of diseases, and experience with new remedies, are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month for publication in the next month. Unused manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

READ. REFLECT. COMPARE. RECORD.

When is the Prevention of Conception Justifiable?—Comments.

Editor MEDICAL WORLD:—I want to say something to the lady signing herself "A Doctor's Wife," and to all the other ladies who read THE WORLD; and this is, that THE WORLD is not a society journal, but a strictly scientific publication, and that the hyperbolical language of compliment so general in speaking of your sex is out of place here. We are discussing scientific topics here, and this can only be done in the terms of scientific truth. When I hear a man speak of women as angels, I smile appreciatively, for I know he is simply expressing extravagantly that sentiment of respectful admiration I also feel towards the sex. But when we talk as doctors about women, as we alone see them, we know that they are very, very human. And, if I add, still endeavoring to keep within the limits of scientific truth, that the woman as she is (human, with just enough of the angel to arouse in man aspirations to a nobler life than he could reach without her), is as good as she possibly could be without parting company with man. I think my position on this question cannot be misunderstood.

Now, as to the prevention of conception. Each of the many readers of this journal has his own personal experience. If we put it all together we get a good idea of the whole truth, many-sided as it is. But each must faithfully draw his part of the picture.

The women alluded to by our lady contributor rarely apply to me for this purpose. A baby more or less makes little difference in a houseful; the rearing of infants seems to become a habit; and such women will scarcely take the simplest precautions to prevent conception. If the woman has to support her husband, it is another good reason for her applying for divorce; but how often does she do it? No. She will scrub and wash, while he sits behind the stove and smokes, and takes credit to himself that he only gets drunk and beats her occasionally; and if you suggest that she ought to leave him, you will probably get her mop about your ears. Now, understand that our lady opponent would advise the woman who has to support her husband to avoid child-bearing, so that she could give more of her earnings to her husband. I would say, get a divorce and marry a man who does not care to live on his wife's earnings, or stay single. And the same holds good for every case she has cited—for the fool, the brute, the selfish and the drunken husband. Take away the wifely support and let them drop—the harder the better. But just why their evil propensities should be encouraged by the prevention of conception is a bit of logic I cannot comprehend. Better load him with responsibilities until his manhood is roused; let him see his children ragged and hungry; and if this does not make a man of him, he surely is not worth a good woman wasting her life upon him.

There are a few women who ought not to bear children, on account of their health. This class is divisible into two —those whose ill-health preceded marriage, and those who became sickly after it.

For the first we have simply to say that they had no right to take upon themselves the obligations of matrimony when physically unfit. Is it nothing at all that the longing of a man for offspring should be disregarded? Is it wrong that a man should look with eagerness to the day when he can hold in his arms the pledge of his dear one's love, his child and hers? We hear a good deal of mother-love, but very little of father-love. And so many millions of us toil in workshop, mine or office, our

Digitized by Google

lives through, that our wives may be lapped in comforts, our children fed, clothed, reared and educated in the best way we can attain to. What else do we live for if it is not our children? But to hear these people talk, one would imagine that we never have an idea beyond the primary desire for sexual congress. The man who desires fatherhood is better for the wish. It is the man's right, his privilege; and the woman who marries, knowing herself physically unfit for maternity, is guilty of a crime that deprives her of all claim for sympathy.

But as to the wife who, after marriage, becomes physically incapable of maternity. It is questionable if such a woman is not equally incapable of cohabitation —in many cases she is no more able to satisfy the sexual desires of a healthy man than she is to bear him children. So that this class is narrowed down to an exceedingly limited number. And with them there should be a choice, for husband and wife, whether each prefers to live together in their childless residence (not home), or separate. In each case the circumstances must govern our advice. If they chose to live together, and the woman is not too ill for cohabitation, the prevention of conception is simple. Insert a pledget of absorbent cotton, saturated with vaseline, before intercourse, and use a hot douche afterwards, and the result is certain. The vaseline effectually prevents the migrations of the spermatozoa.

But the vast majority of the women who wish to avoid maternity have no such excuse. They simply do not want the trouble. They are perfectly willing to preside over the husband's household, to spend his earnings on dress, society and amusements, and even to gratify his needs; but they do not care to have their own pleasures interfered with by children.

Let us just glance at what civilization has done for women. In the earliest days, when a man wanted a wife, he lay in wait for her, entrapped her like any other wild beast, and enslaved her. This condition is illustrated by the way an old Sioux lived in Dakota. He had a little shed built, on which he sat, with his pipe and gun, keeping his wives at work on his corn patches around him. A step in advance, and we find men and women working together, each doing the duty at hand. Next, the labor is divided, the wife taking the work done under the shelter of the house, while the man takes the fields and the hunt. As they get richer, she is supplied with servants, who do more and more of the work, leaving her the supervision and also the education of the children. Still higher up the grade, we find education undertaken by the State, many branches of domestic work performed for communities and paid for in cash; the superintendence of the home delegated to a housekeeper, and the woman's duties finally restricted to that of child-bearing and her society. Finally, did I say? No. The demand is now that the woman, who has "social duties" to monopolize her time, must be relieved of the child-bearing burden. This done, there remains but one step possible. The last relic of her whilom slavery is the obligation to gratify her husband's sexual needs, and in the rise of that glorious word, alimony, we the final triumph of woman's emancipation; when she receives her full share of her husband's earnings, and gives absolutely nothing in return. To this haven some fortunate ones have already attained, and many look longingly towards it.

As for her company, women in society have little time to wait on their husbands, except when they want more money.

How far is this true? Thank God, not very much. It has been my unpleasant experience to meet some women of the selfish type, whose husbands are neglected, lonely men; even some who discreetly closed their eyes on the existence of a real home, with bastard children to love him, as long as their own pecuniary supplies were not curtailed thereby. But these, also, are exceptional cases; and to judge of woman by them would be as gross an injustice as it would be to judge the majority of women who apply for instructions in preventing conception by the few who have a real excuse for doing so.

On page 18, Dr. Campbell asks for suggestions for a case of gastro-intestinal catarrh. Doctor, you have used too

Digitized by Google

many good medicines. Take one and stick to it. Put her on an absolute milk diet, half a glassful, hot, skimmed, with a little salt, every four hours; the milk to be eaten, not drank, and fifteen minutes to be occupied in taking each dose. When she gets really hungry, give a piece of well-toasted stale bread or a toasted cracker, each time, and only very gradually come back to full diet. Meanwhile give this a trial:

Soda carbonate,	- - dr. i
Soda sulpho-carbolate,	- - dr. i
Wine of ipecacuanha,	- - dr. i
Tincture of hydratis,	- - dr. vi
Aromatic syrup of rhubarb,	oz. vii

Mix. Direct: A tablespoonful half an hour before each meal in a tumbler of hot water.

She will get well promptly.

Dr. Long (page 22) would let degenerates marry and then prevent conception. I would forbid them marrying, and, in the case of criminals, castrate them.

His case of catarrhal stomatitis may be due to teeth that need the dentist's attention. The cause is mechanical, chemical or vital. The latter require the persistent use of antiseptics. I would suggest a mouth wash of chlorinated soda and chewing pellitory root as a means of increasing the vitality of the tissues. Perhaps hydrastis would prove more useful.

Dr. Bowman's case of "extro-cardia" is very interesting, but not quite unique. About six years ago I received a description of a similar case from Paris. In an old Spanish work on anatomy, also, I found plates depicting another case. The Doctor surely must have preserved this remarkable specimen for the museum.

Dr. Schmidt (p. 25), has a case of coated tongue of singular obstinacy, which, after resisting all treatment for years, finally succumbed to intestinal antisepsis. The symptoms noted, drowsiness, paresthesia, etc., were caused by the absorption of toxic substances from the intestinal canal. This is a key to so many morbid conditions that I must be pardoned for alluding to it in so many of my letters.

The best method to relieve urticaria was not mentioned, either by Dr. Hannah or by Dr. J. Solis-Cohen (p. 28). This is a mustard bath. A friend, practising in Iowa, tells me he has employed it in the pruritic affection common in that state, and probably the same as that known farther south as "Texas scratches."

In Dr. Rice's prescription for asthma (p. 30), he gives the credit to lobelia; but neither the iodide nor the sanguinaria is inactive. Lobelia stimulates secretion, and by its relaxing effects unlocks the spasm. Sanguinaria is a powerful stimulant to the respiratory apparatus, and would seem to be contra-indicated in a spasmodic condition. But this drug is a "vital inciter;" it increases the afflux of nervous energy to the lungs, and thus strengthens the tissues up to the point where they are enabled to throw off the disease. I have recently been able to test this agent in influenza, and in a little epidemic of common colds, nasal, laryngeal and bronchial. With some persons the old-fashioned sweating process is of very little use, besides being tedious and uncomfortable. Atropine is great with some, breaking up the attack handily; but with others the only effect is a temporary drying-up of the secretions of nose, mouth and throat, very annoying while it lasts and followed by the reappearance of the symptoms as soon as the effect wears off. Now, in these cases, where nose, throat, larynx and bronchi were involved in one great tremendous cold, with shivering, aching head and bones and profound depression, I gave sanguinarine nitrate, three granules, of gr. 1-67 each, every hour. The effect has been simply remarkable. The attacks were broken up by five or six doses, so that next day my patient could get about with smaller doses quite comfortably. I feel like asking my readers to try this treatment and let us see what there is in sanguinarine in acute respiratory disease. Heretofore, I have known this drug simply as a powerful stimulant in the latter stages of phthisis, when the pulmonary sensibility is low and products are not coughed out.

And I have a new combination for that exasperating malady, pruritis ani. It is campho-phenique, one dram, losophan, 20 grains, and cosmoline, one ounce. Apply every night or morning, continuing until the disease is cured, and for a week longer. There is a

Digitized by Google

peculiar form of balanitis for which the same mixture is curative. The mucous surface of the prepuce becomes red, swollen, velvety, and itches intensely. The smegma is secreted so freely that one washing a day is not enough, and the cutaneous surface of the prepuce becomes chapped, smarting on contact with the clothes or urine.

On page 32, Dr. Gattis describes a case of uterine trouble, which seems to be of the anemic order, rather than the congestive. Some time ago I described a similar case, which recovered when I fed the pelvic tissues with tampons saturated with cod-liver oil and bovinine. This is good treatment when iodine increases the pain. Give internally the arseniates of strychnine, iron, and quinine, with hyposcyamine and helonin.

I think "Practitioner" page 33, would better give his purpuric case the arsenite of copper, hamamelis and the lacto phosphate of lime, with hydrastis as a hemostatic during the attacks. Also, plenty of fruit juices, lemons, pickles, etc.

WILLIAM F. WAUGH, M. D.
103 State st., Chicago, Ill.

Pneumonia.

Editor MEDICAL WORLD:—Time and space will not permit me to deal with pneumonia in general, therefore I will direct my thoughts to that most frequent and death-dealing variety, known as croupous pneumonia, which is an acute inflammation of the lung involving the alveoli, and characterized by an effusion of plastic material into these breathing cells, thereby destroying their function, for a time at least. We will not follow the text-books mechanically, but will endeavor to study the morbid conditions present.

It is generally conceded that pneumonia is a germ disease, and that these germs have a special affinity for the lungs, but are by no means exclusively confined to that organ. Death from pneumonia is almost invariably the result of heart failure, either from extensive primary inflammation, or later, from ptomaines in the blood, depressing the nervous system, paralyzing the heart, producing a hyperfibrinated condition of the blood and destroying the chlorides.

In view of this extreme depressed condition, all remedies that have a tendency to weaken the heart or lessen the vital forces should be avoided, viz: aconite, veratrum, acetanilid, etc. If the physiological action of a drug be the true guide to its administration in disease, we fail to see why digitalis should be given at all in pneumonia, except where the heart's action becomes irregular. If it acts in any way, it can only increase the heart's power, and at the same time increase the resistance in front by contracting the arterioles and dilating the venules, throwing more blood to the internal organs, thereby increasing the work of the heart and exhausting its power. It produces just the condition that we are striving to prevent, viz: engorgment of the venous circulation. A perfect circulation is one that empties the veins and fills the arteries; and this must be imitated in the rational treatment of venous engorgement.

Bleeding seems to me to be the most positive, powerful and prompt of any remedy at our hands. But those who oppose this time-honored relic of antiquity may find great satisfaction from the hypodermic administration of glonoin, which also can be administered after bleeding and tends to prevent a necessity for its repetition, which, by the way, is one of the main objections to the use of the lancet in pneumonia. One of the greatest advantages of bleeding is that it relieves the system at once of an amount of toxic poison commensurate with the quantity of blood taken, and the result is instantly seen in the condition of the patient. The extreme prostration of the vital forces is undoubtedly the result of this toxic principle in the blood, and any means that will tend to relieve it without compromising safety should be sought by all who study the best interests of their patients.

Strychnine and alcohol are the most satisfactory remedies with which to combat the condition of shock and depression, and their administration should be pushed, especially the former. Alcohol can not be given to advantage beyond the point of its free elimination by the breath. There is a very marked condition of the blood that I have never seen mentioned in the text-books, viz: an excess of fibrin and deficiency of chlo-

Digitized by Google

rides. It has been thought for a long time that there was a principle in the blood that was opposed to the invasion of germs, referred to as the "antiseptic properties of the blood," and since there is a deficiency of chlorides, we may infer that a subcutaneous injection of a solution of sodium chloride, dr. iss to the pint, would be the most direct route to relief. This may be done just after the bleeding, and can be repeated twice or three times per day, but always with extreme asepis.

I beleive the continued administration of the coal tar products for reduction of high temperature is a pernicious practice. Cold applications in some form will soon be the only admissible antipyretic in pneumonia. It is not only free from the depressing effects of the above class of remedies, but is highly stimulating and positive in its action. The mode of application must be governed by one's experience; since the remedy is powerful, the mildest application that will successfully reduce the temperature should be employed in each individual case.

The atmosphere of the room should be pure and of an even temperature. The patient should be allowed plenty of nourishing food easy of digestion, and the excretions as well as the secretions should be constantly looked after.

Malaria complicates almost every disease in this region. Therefore, as a routine practice, quinine should be given to eliminate this element.

There are many things concerning the treatment of pneumonia that I have avoided saying; but, from what has been said, we may conclude: *First*, That pneumonia is a germ disease. *Second*, There is a poisonous principle resulting from these germs that rapidly depresses the vital forces. *Third*, That depressing remedies should be avoided. *Fourth*, That stimulating remedies should be used in their stead. *Fifth*, That for the engorged and livid condition the lancet is the remedy par excellence, and should be supplemented by transfusion of sodium chloride solution. *Sixth*, That hydrotherapy is the only admissible remedy for relief of high temperature.

Eufaula, I. Ty. G. W. WEST.

[Dr. T. J. Mays, a prominent teacher and practitioner of this city, and specialist in diseases of the chest, uses cold baths extensively in pneumonia, and strongly recommends their use.—Ed.]

Treatment of Pneumonia—Prevention of Conception.

Editor MEDICAL WORLD:—In pneumonia I always begin my treatment with an ipecac emetic. I give one-half drachm of fl. ext. ipecac (P. D., & Co.) every 20 minutes until I get free and copious emesis. I prefer this to the ordinary custom of starting the secretions by calomel or saline. The ipecac accomplishes the following desired results: 1st. It unloads the always over-abundant amount of bile that is in the stomach and duodenum, thereby relieving the nausea, and preventing the absorption of bile into the system. 2d. It relieves congestion of the lungs by equalizing the circulation; it promotes expectoration and lessens the diapedesis of blood into the air cells. 3d. It arouses the nervous system. 4th. It produces diaphoresis. Ipecac is harmless and does not produce depression, as some may imagine. It can be used in the young and the aged with perfect safety. Of course it must be used early in the case to be of service. If used early, it will put the patient in better condition, and in many instances abridge the attack considerably.

After the stomach settles (which will be in one or two hours) I place my patient on the following formula:

R	Ammonii chloridi . . .	dr. ij
	Potassii iodidi	dr. iss
	Ammonii bromidi . .	dr. iij
	Tinct. aconiti	gtt. xxx
	Aquæ font.	oz. iv

M. Sig.—Teaspoonful well diluted every three hours.

For excessive coughing, codeia ¼ to ½ grain.

On the fourth day of the disease (sometimes before), I begin strychnine $\frac{1}{60}$ of a gr. every three hours, and keep it up regularly until convalescence is fully established. In conclusion I will add that I blister with cantharides plaster every case that complains of severe pain in the lung. Instantaneous relief follows. There is no depression from a blister, as some authors would have us believe. I have blistered all ages. I never saw any

Digitized by Google

harm come from it, but have seen much good, and I recommend it as good practice.

As to the prevention of conception, I fail to see why it should not be practiced. I do not see the justness or the righteousness of a couple marrying and having a whole litter of children whom they can not possibly educate or start out in the world properly equipped to cope with the many hard conditions in this cold world. The method I prescribe has never failed me when carried out properly. I have the lady to introduce a rubber cup over neck of womb (the French supporter) just before intercourse, (I explain to her the neck of womb, and how I want it to fit). After intercourse, I tell the lady to get out of bed immediately, and to inject one quart of warm water into the vagina with a hand and ball rubber syringe (do not fool with a toy vaginal syringe). Then remove the rubber cup, and inject one pint of warm salt water high up in the vagina; then have a small ball of absorbent cotton with string attached, saturate with boro-glyceride, and introduced high up in the vagina. Leave this cotton in eight or ten hours, then she can remove it. This method is certain and harmless.

DR. J. T. ANDERSON.

Cornelia, Mo.

[See January WORLD for the Editor's sentiments on the propriety of this procedure. A great many differ from the Editor, insisting that, in cases like that above cited, for example, it is advisable and proper to limit the number of children. This question must be left to the judgment and conscience of each practitioner in each particular case. But we insist that instructions and moral (or immoral) encouragement should *not* be given out indiscriminately.—Ed.]

Pneumonia.

Editor MEDICAL WORLD:—While I have nothing original to offer, I have something which experience has proven too valuable to keep, and I believe it will please others as it has me and my patients. Without discussing the mooted point as to whether the pneumo-bacillis is always present in pneumonia or not, it is not disputed that often there is a mixed infection, preceded by symptoms of a cold or grippe, and as a predisposing cause something that greatly depresses the vital forces. Suffice it to say that of late years most of my cases have had symptoms of grippe, and, believing in the germ theory, I have based my therapeautics upon supportive, eliminative and bactericidal treatment.

If the patient is seen at the commencement, with a high fever and a full, strong pulse, pilocarpine is used in small, frequent doses (every 15 minutes), in a large amount of hot water, to produce free diaphoresis, and a heart tonic to counteract its depressing effect, with the hope of modifying the course of the disease.

I will not take your time in reviewing the usual form of treatment as laid down in the text-books, such as nourishment, cupping, mustard, cold applications, fresh air, etc., for they are well understood. The abortive plan, as advised by many of the medical journals a few years ago, by giving heroic doses of digitalis, especially to the weak and aged, is not a safe one, for I have known sudden and unexpected death to follow such use of the drug immediately after the patient raised the head. Neither is the indiscriminate use of the newer antipyretics advisable, except, perhaps, in small doses, for the relief of neuralgia, and then should be combined with a heart stimulant, such as caffeine. As with the modern gynecologist after a laporotomy, it seems to me opiates are contra-indicated in every case, with the exception of the occasional use of small doses of codea.

For the relief of an irritable cough, after trying everything new I have read of, nothing has given me better satisfaction, especially in common cold and grippe, than the following inhalation, which I always use in pneumonia, believing it to be, in the majority of cases, a mixed infection and involving the bronchial tubes more or less.

R Beech-wood creosoti, (Merck's);
Creolin . . . . .
Spt. camphor . . . aa. dr. ij
Menthol . . . . . dr. ss
M. sig. Ten or fifteen drops to be inhaled with steam every two hours or oftener.

To depend upon a patent inhaler is impractical in the country; so one like

Digitized by Google

the following can be made in any house. Fit tightly over a tin fruit-can a paper cone with a small opening at the top; this answers every purpose. Pour some water and the drops into the can and heat as hot as the vapor can be used by holding the cone in the mouth. An oil stove is best to heat it on, but a brick heated in the stove very hot, or a kettle of hot ashes, or two nails laid across the top of a lamp-chimney to prevent smoking, or, still better, a wire frame fastened to the top of the chimney, will do. By the way, this or the use of a good atomizer with the following beats all the cough syrups ever made for a common cough. In the atomizer either use a solution of ichthyol, or Dr. Murray McFarlane's plasma nasal tablets, one to two ounces of warm, soft water, with one drop of creosote in alcohol.

If there be dullness and other symptoms of pneumonia, and especially a thick tenacious expectoration, give the following:

R Calcii chloridi . . . dr. iij
Aquæ q. s. to dissolve;
syrup simp. q. s. . . ad fl. oz iv
Sig.—A teaspoonful every two hours. Alternate with—

R Tr. aconiti (German green) . gtt x
Tr. gelsemii (green root) . gtt xx
Ext. belladona . . . gtt x
Aquae . . . . . oz. iv
Sig.—Teaspoonful every two hours. If there is much pain in the side, use bryonia instead of belladona. The latter formula is only used during the first stage.

At the commencement of the second stage, in place of sedatives, give the following:

R Beech-wood creosote (Merck's) . oz. ss
Ol. morrhuæ q. s. . . . . oz. iij
Ol. menth. pip. q. s.
Sig.—Half a teaspoonful with milk before and after, every two hours, increasing the dose gradually to a teaspoonful.

Heart tonics, such as caffeine and strychnine, with glonoin when indicated, are used to tone up the nervous system and relieve the circulation. The calcium chloride is not the common chloride of lime of the shops, which is only chlorinated lime and not soluble in water; but the chemically pure salt, which is freely soluble, and which has given me every reason to praise it in the highest terms when indicated; but the time may come when it seems to have lost its usefulness, and is no longer indicated by the absence of acute symptoms, when it may be profitably replaced by

R Strychniæ sulph. pulv. . gr. j
Calcii hypophos, vel sodii hypophos . . . dr. iss
Syrup simp.; aquæ, spt. menthæ pip. aaq. s. ad . oz. vi
Sig.—A teaspoonful alternated every three hours with the oil and creosote.

If the expectoration is abundant, the lime is preferred, if not the soda salt. If after all acute symptoms have abated, there is a free muco-purulent expectoration, five drops of a solution of clear resin powdered and dissolved in warm turpentine to the consistence of molasses, every three hours on sugar, will arrest it if not tubercular. Sometimes I add eucalyptol to it and it makes an excellent cough balsam for a chronic or subacute cough. If the dullness of the lung does not clear up as promptly as it should, then the dose of creosote is increased to fifteen or twenty minims gradually, if the stomach will bear it; but if not, as large a dose as it will tolerate, and in addition ten to twenty drops of creasotal are given on sugar to make up the deficiency of creosote. Patients may complain that they cannot take the oil and creosote, in which case give creasotal, and later commence with small doses of creosote gradually increased, and as a rule they will learn to tolerate it well when at first it is discouraging. The creasotal has the advantage of being easy to take and not irritating to the stomach; but a serious objection to many is the price, while its therapeutic advantage is nothing if an equal amount of creosote can be taken. Often the oil disagrees because it is rancid; but that can be remedied by buying only the best fresh oil and immediately adding enough creosote to preserve it perfectly, which will not hurt it for any future use.

It is a serious error to drop these cases of pneumonia (and grippe) too soon and to let them out of bed too early. They should be more carefully watched and given larger doses of creosote and for a longer period of time, and larger doses of strychnine and hypophosphites, and I believe there would be less phthisis following these troubles.

I omitted to mention that protonuclein

Digitized by Google

in some cases has been useful, and that syrup hydriodic acid added to the oil and creosote has hastened resolution.

F. G. GREENFIELD.

Edinboro, Pa.

For Coughs.

The Editor asks "What do you take yourself for coughs?" I will give two R's; either will relieve a cough. Have used them for years, and wish no better.

NO. 1.

R	Fl. ext. licorice		oz. ij
	Tr. opii. camph.		oz. iij
	Vini antimony " ipecac	aa.	oz. j
	Spts. nitre		oz. ij
	Sach. alba.		oz. xx

Mix and add water to make 1 qt.

Sig.—Teaspoonful every hour when cough is troublesome.

NO. 2.

R	Fl. ex. wild cherry	oz. ij
	Rock candy	oz. iv
	Rye whiskey	O ss

M. Teaspoonful to tablespoonful every hour two.

If you desire, in No. 1 you can put 5 to 10 grs. muriate of ammonia to the dose.

If you use either you can expect good results.

Woodstock, Va. W. S. CLINE.

Florida Climate for Tuberculosis.

Editor MEDICAL WORLD:—Since the appearance of Dr. Waugh's article in the October WORLD, "Is Tuberculous Phthisis Curable?" which I read with great interest, and I trust with profit, I have thought of writing you a short article setting forth some of the claims of Florida as a situation peculiarly adapted to invalids, especially those suffering from pulmonary tuberculosis; although it is equally beneficial in many forms of nervous and stomach derangements and rheumatism. I will premise by saying that a private letter from Prof. Waugh finally decided me to write this.

Having had a fairly extensive experience in pulmonary diseases during a practice of twenty-four years in Ohio and Michigan, where, in common with nearly all physicians of that section, I felt the need of some suitable locality in a mild climate, where consumptives could be sent to escape the rigors of our Northern winters, I determined on coming to Florida to give the subject as careful study as circumstances would permit. And now, after eleven years' residence in the State, having visited a large part of South Florida, and having conversed on the subject with many intelligent physicians, and having watched and treated many cases, I feel myself reasonably qualified to judge of its suitability for such cases. What these patients need, as hinted above, is a mild, equable, moderately dry climate, where they can spend much time out of doors.

There are many places in the interior of South Florida which fulfil the above indications, and yet, which are so near the ocean on one side and the Gulf of Mexico on the other, that they have practically the same atmosphere as the ocean resorts, but robbed of much of its dampness by its passage through our immense pine forests, and yet with a much larger proportion of ozone than in most localities away from the coast. Then the ordinary variation in temperature with us does not exceed 10° in the twenty-four hours, while 20° is rare, and 30° is very unusual, seldom occurring more than once or twice a year.

Then, while winter in many warm climates is the wet season, with us it is the reverse, and there is rarely a day when an invalid cannot spend some time out of doors, and most days much of the time can be spent in the open air. There is a common impression in the North that Florida is low and flat. This is erroneous. While we have no mountains and no hills of great height, there are many places which rise to a height of 100 to 200 feet above sea level, and some that have an elevation of 300 feet.

The high pine lands, which are the appropriate home of the tuberculous, are generally quite rolling.

As to the dampness, I have in these same pine woods seen ladies go out in slippers within two or three hours after a hard rain, without wetting their feet, or even moistening the soles of their shoes.

The pine forests, with their balsamic odors and delightful breezes, are an important factor in connection with the climate in the curative treatment of the

Digitized by Google

diseases under consideration. There are many localities in South Florida where consumptives do well. But not every place, even in this favored land, is adapted to this class of cases.

We have many people in our midst who came here to die, but who have been living in comfort for years; yet the death rate of our State is much increased by those who came here too late, very much to their own and our disadvantage.

Notwithstanding this, our death rate is lower than nearly any other State in the union.

Were not this article not already of sufficient length, I would like to tell you where and when those seeking relief from pulmonary disease should come and what they should do, having come. To-day is a beautiful, bright day, with the mercury at 78°, and there has not been a day this fall when we have not sat on the verandah, nor have we yet had a fire in the house, except for cooking.

F. N. LEWIS, M. D.

Kissimmee, Fla., Nov. 21, 1896.

From the Sunny East.

Editor MEDICAL WORLD:—Small issues oft lead to grand results. But for a laughing hyena that threw the camp at Kassassin into wild disorder by raising a false alarm, and thereby delaying the memorable battle of Tel-el-Kebir by thirty-eight hours, the British would have had to encounter the wild rush of 35,000 savage Bedouin Arabs in addition to the Egyptian forces entrenched behind Tel-el-Kebir, and, instead of being victorious, would have been vanquished. Procastination is considered the thief of time; but in this instance it proved the salvation of over 14,000 Christian lives, as on the night preceding the English attack on Tel-el-Kebir, 35,000 Bedouin horsemen deserted the Egyptian camp, and on the morning of the 13th of September, 1882, we had to face a few thousands of fellaheen, who, instead of being ready to fight us tooth and nail, were too disheartened by the desertion of their previous day's comrades to make anything like a stubborn resistance. The hyena episode was not without salutary effects, since it taught the troops to distinguish between the demoniac ha! ha!! ha!!! of the carrion brute and the wild, weird laughter of the fanatical dervishes of Africa.

As in Egypt with human foe, so in Calcutta we had microbic and gaseous enemies by the million, ready to ally themselves to any invading epidemic. Bubonic fever declared war with Bombay and began its deadly work; but Calcutta would not budge an inch to clear herself of her tons of removable filth. In vain did the health officer and police commissioner try to rouse the commissioners to taking precautions to repel the invaders, should they elect to rush to this city. The condition was something beastly, and nothing was done till a man came from Bombay suffering from a syphilitic bubo, which brought on sympathetic fever, for which he was admitted into the Howcah hospital, where he was examined by two medical officers, who declared he had the bubonic plague. Then an ordinary case of mumps was similarly diagnosed by the health authorities, and this startled the commissioners into such active life that double gangs of the sweeper brigade were turned out for work at 2 instead of 4.30 a.m. to clear the streets, and regular flushing relays were appointed, so that the streets and drains got such a thorough cleaning and scouring as they had not for the last ten years together. So that the plague, should it visit the capital of Bengal, would have to depend on its own resources in place of expecting reinforcements from the city's filth.

The Bengal College of Physicians and Surgeons, which is the only medical institution in this country unaided by the government with either professors or funds, and is the outcome of the effort of purely non-official practitioners to establish themselves and disseminate their professional knowledge, has just completed its first anniversary. It has a corporation exceeding one hundred fully qualified medical men, many of whom have attained high prominence in public estimation, and while it has 99 students being educated in a commodious building that it purchased for 79,000 rupees (*i. e.*, $22,570.00) hard cash, it has a splendid equipment and a reserve capital exceeding 30,000 rupees (*i. e.*, $8,540), together with a complete staff of teachers. It bids fair to become very popular, as it offers

Digitized by Google

a higher curriculum than generally obtains.

There is a good deal of disaffection regarding the new warrant which, changing the title of assistant apothecary into assistant surgeon, leads to confusion that confounds the non-diploma'd with the diploma'd practitioner, since the term assistant surgeon hitherto embraced a class of men who, undergoing the full curriculum, had to pass the L. M. S. and Arts examination. They still have to do so, whereas the assistant apothecary, or military assistant surgeon, as he is now called, is recruited from school without passing the F. A. test, and then receives a three years' course, which only embraces anatomy, physiology, materia medica, chemistry, midwifery, hygiene, pathology, jurisprudence and dentistry, and excludes the other eight subjects necessary for a full medical training and entitlement to that place on the general medical register, which can not be denied to the assistant surgeon proper, who is an Indian official created for civil duties with the Indian medical service, whereas the military assistant surgeon is intended for duty with the army medical service, where he is seldom or never supposed (except in extremities) to exert his own professional discretion; but is expected to obey orders given him by the doctor-in-charge for the treatment of soldiers and their families; or, in other words, he is the "hands" and the army surgeon the "brain" in the "body" of hospital routine.

Judging from the way that prices of cereals are running up, owing to the want of rain in the agricultural districts, there is every prospect of an ugly famine, which will act disastrously in India. Even water-logged Bengal is complaining of a scarcity of water and the want of funds, preventing hundreds of "ryots" from putting their land under cultivation. The consequent distress in some of the outlying districts is heartrending, indeed. So far, the Northwestern provinces are feeling the strain most, and the outlook is growing worse and worse, while the police have had their hands full in quelling grain riots by the starving poor. A few philanthropic men have come forward buying up grain with a view to retailing it at a price within the reach of the poorer classes; but as independent effort has as much influence towards actual relief as a drop of water would towards making the sea overflow its banks, the Government should step in with stringent laws compelling bunnias (*i.e.*, grain merchants) to sell at a fixed rate within reach of every one, and thus prevent a *few* persons from making immense fortunes at the sacrifice of the lives of hundreds and thousands of men, women and children.

ROGER S. CHEW, M.D., G.M., M.S.C.,
Editor Indian Journal of Pharmacy.
Late Chemical and Sanitary Analyst to the Corporation of Calcutta, India.

"That Curious Fever."

Editor MEDICAL WORLD:—Replying to Dr. B. Phillips, in THE WORLD of November, page 430, allow me to say, that the disease in question is, without doubt, the same that we have so much of in this section. It is called here "the fever," typhoid fever (by most physicians), typho-malarial, continued malarial, and many other names, which leads to the suspicion that there is something wrong, either with the disease, or with the doctors. I do not doubt that it is the same disorder which, in Colorado, is called "mountain fever." It resembles typhoid more than anything else, but it lacks the essential symptoms of that fever. The normal course is about three weeks, but may spin out to six months. Relapses are not infrequent, and hemorrhages from the bowels may occur. The mortality is about the same as in typhoid, and except in the very first stage is as little benefited by active treatment.

All this looks like typhoid, but after a practical experience of twenty years with typhoid fever in the north, where this trouble is unknown, I am convinced that they are not the same.

As to treatment, I think that full doses of calomel, with a general eliminant plan will, in many cases, if seen early, abort it; but after it is established, such attempts will lead to trouble and disappointment. A conservative treatment gives the best results, and the doctor who does not attempt to "cure it," will "cure" the most cases.

Do not give anti-pyretics. Do not even paint the skin with guiacol to reduce

Digitized by Google

the temperature. Cold baths and sponging do less harm and are sufficient. Do not give quinine; it will prolong the case and add to its gravity, in proportion as it is pushed.

This is the disease which DaCosta, many years ago, called "that curious fever which so many soldiers brought with them from the swamps of the Chickahominy." By the way, "that curious fever" is still a good name for it. In this section it does not often occur in those who are broken down and poisoned with malaria, for we have very little malaria.

The most common sequel is milk leg. As to the nature of the trouble, I can only say that my study of, and experience with it, leads me to believe that it is a specific fever, which has not yet been generally recognized as such, and properly named. It is probably caused by emanations from the soil, as it is most frequent and severe where the soil has been recently disturbed to some depth.

There is no evidence that it is contagious; and it is nearly as common in this climate in May as in October. Turn on the light.

C. T. CORRY, M. D.

Harriman, Tenn.

Typhoid, or a Fever Resembling Typhoid, in Kentucky and Tennessee.—Success of the Woodbridge Treatment.

Editor MEDICAL WORLD:—Be it understood in the premises that the fever to which I shall allude in this paper is *not* the typical typhoid fever described in text-books and exemplified in large cities and city hospitals. It has the same anatomical lesions, the same tendency to intestinal hemorrhage, ulceration and perforation, and frequently a great many other symptoms in common with that typical form of fever, and is, like that fever, not amenable to the antimalarial treatment; but the typical temperature curve, the bronchial cough, diarrhea, tympanitis, subsultus tendinum, rose spots, delirium, etc., so common in the typical form, are more frequently absent in the fever under consideration, though each one of them, or a combination of several of them, may frequently be seen.

It is called by some typhoid fever (possibly for want of a better name), by others typho-malarial fever, continued intermittent and continued remittent fever, etc.

The question has long been asked, and is still constantly arising, "Is it, *can* it be genuine typhoid fever?" Opinions vary on this subject. Without consuming your time adducing my reasons for so thinking, I assume that it *is* essentially a genuine typhoid fever, modified by habits of life, environment, systemic poisoning by malarious influences, etc.

It is not necessary to refer to the nature, cause and symptoms of this fever, as all are thoroughly conversant with them as far as they have been determined.

The symptoms and course of this fever were identically the same forty or fifty years ago as seen to-day. Any difference in the rate of mortality, duration and predominance of ataxic and adynamic symptoms as seen then, was, I think, entirely attributable to the too heroic treatment at that time.

About forty years ago "Wood's Practice of Medicine" was the source from which most doctors drew their medical inspiration. He was one of the chief apostles of the antiphlogistic treatment of all diseases. This consisted in depleting the system by bleeding, mercurial salivation, diaphoretics, diuretics, emetics, blisters, setons, etc. The use of these agents, together with cinchona, iron, vegetable bitters and turpentine, constituted the treatment of the modified typhoid fever about that time. Some of these remedies were fearfully abused. Bleeding was frequently practiced time and again, till the patient's lips were as pale as his face. Mercury was given in immense doses, and if a cure didn't speedily follow it was repeated until most mischievous salivation was induced. So it was with the other remedies used in connection with them.

The very excesses to which this depleting system was carried naturally in the process of time produced a reaction, and the pendulum then swung about as far in the opposite direction.

The expectant plan of treating diseases was next in order, and was the legitimate fruit arising from excesses in antiphlogistics. In this system of treat-

Digitized by Google

ment, doctors merely resolved themselves into trained nurses, and stood around and waited for nature to do, or fail to do, the desired work unaided, or aided only by supplying the patient with all the food he could possibly assimilate, and sometimes much more than was good for him. The stuffing process was carried still further by using a great abundance of stimulants in the form of egg-nog, milk punch, whisky straight, spiced wines, etc., in place of the depletion practiced by the antiphlogistic process. The doctor who could concoct the best and greatest variety of inviting drinks was at a premium.

I do not now know the rate of mortality attending the practice of these systems respectively, but I know it was high. However, some practical principles, destined to live, were crystallized from each of these radical measures.

About this time the germ theory of disease began to fasten itself on the vitals of investigators. The beneficial effects of antiseptics, internally as well as externally used, were recognized. Carbolic acid, salicylic acid, boric acid, and their salts, found a much larger field of usefulness. Additional virtues were discovered in both the bichloride and mild chloride of mercury. There was found no disease, perhaps, to derive more signal benefit from antiseptics administered internally than typhoid fever, which was fed, aggravated and kept aflame by the anto-toxemia produced from septic matters absorbed.

It was gradually ascertained that by the judicious internal use of antiseptics intestinal hemorrhage was less frequently seen, perforation was very rare, tympanitis was usually absent, delirium and the symptoms of adynamia were almost uniformly absent.

Among those general practitioners of medicine who confined themselves most exclusively to the maintenance of intestinal antisepsis in the treatment of typhoid fever, Dr. Woodbridge, of Ohio, seems to have crystallized the most effective system. In a paper read before the American Medical Association in 1894, he made some most startling assertions relative to the good results of his treatment. This claim of curing all his typhoid fever patients did not strike me as very unusual or remarkable, for, strange to say, every new treatment that had ever been promulgated did about the same thing. This was rather to be expected. Medical statistics sometimes cut some queer capers. Some sarcastic skeptic once remarked that there is nothing more uncertain than figures, save, perhaps, facts.

However, as the treatment proposed by him was directly in the trend of the most modern and universally accepted treatment of so many other diseased conditions, I found myself ready to test its merits, and determined that I would do so during the summer and autumn of this year.

This season has been prolific of an abundant crop of continued fevers, as well as of purely malarial fevers, in my territory, and some of them very malignant.

Before making allusion to the cases of typhoid fever treated this season, to which I wish to refer later on, I desire to emphasize this fact, viz.: The symptoms presented by all our fevers are during the first few days so nearly identical that we find it difficult and sometimes impossible to differentiate cases of typhoid fever from the purely malarial forms of fever; consequently, in the treatment of all the cases of fever here reported they were treated for the first three to six days as purely malarial fevers. This proving futile, the Woodbridge system of intestinal antisepsis was then adopted.

After the commencement of this treatment, amelioration in all the symptoms was apparent in from two to four days in every case save one, and a steady and speedy progress was made towards recovery.

From June until the present time my son and myself have treated eighteen cases of typhoid fever by this method without a death, and with an average treatment under this plan of eight and one-ninth days, at which time all fever had subsided and they were dismissed as convalescent. These cases were of all ages, ranging from infancy to fifty years. They presented the usual variety of violence, complications and adverse symptoms. One case aborted at the third month while under the antimalarial treat-

Digitized by Google

ment, and through the pig-headed recklessness of the patient, came near bleeding to death. Another had a violent meningeal complication, and was wildly delirious and violent until the Woodbridge treatment had been in use two days, when all these symptoms subsided gradually and he was dismissed in eleven days.

In all these cases the temperature was irregular, and during the first few days ranged from normal to 104° and 105°. One case was remarkably stupid—slept almost constantly. One had a violent sore throat, with a curdy form of excretion, simulating diphtheria. Some cases, after obstinately resisting the antimalarial treatment and constantly growing worse under it, steadily improved under the Woodbridge plan until a regular periodicity was developed; then hung fire till quinine was freely administered, when convalescence was speedily established, although, as before said, these same cases had obstinately resisted this same treatment at first.

Two cases of malarious fever not included in the above list were treated from the start by this plan on account of their not being able to use quinine from a family idiosyncrasy, and they were at work in five days.

It was a notable fact in all these cases save one, that if subsultus, tympanites, delirium, or any adynamic symptoms were present prior to the use of the Woodbridge plan, they invariably subsided shortly after its adoption.

Although epistaxis was frequently seen during the early stages, there has not been a single instance thus far of intestinal hemorrhage.

The patients always seemed to make much more rapid improvement when the bowels were passing from four to seven liquid discharges daily.

During the treatment any excessively high temperature was controlled, either by a modification of the Brandt system of cold baths when cold applications were well borne by the patient, or just a sufficiency of acetanilid to reduce the temperature from 103° or more down to about 100° to 101°. This could be done without depressing the heart or vital forces. The modified Brandt application of cold, above alluded to, consists in the application of a sheet folded just the proper size to cover the abdomen and chest, and wet with water at about 80° temperature and reapplied every half hour. This was covered with a dry towel to protect the clothing. This local application of cold can be practiced without disturbing the patient, and as it covers all the viscera except the brain, it succeeds very effectually in reducing the excessive heat down to a point compatible with safety within two or three hours. But there were some cases who shivered and complained dreadfully of the cold, especially small children, and in those cases the use of the acetanilid, as above described, usually acted very satisfactorily.

The Woodbridge plan is a combination of purgatives and antiseptics in small doses, administered at first at short intervals, and later on, when the bowels become quite active, at longer intervals. We used exclusively his formula No. 2 at intervals of one hour at first, and later, two hours or three hours. The No. 2 R is as follows:

Podophyllum resin, ...	1-960 gr.
Mercurous chloride, mild, . .	1-16 gr.
Guaiacol carbonate, . . .	1-4 gr.
Menthol, ...	1-16 gr.
Thymol, ...	1-16 gr.
Eucalyptol	q s.

His formulas, four in number, are all put up in a very eligible form of tablets by Parke, Davis & Co., and when used, should be washed down with large draughts of water.

In some cases the treatment was confined to the Woodbridge plan alone, aided by proper nourishment. In other cases aditional remedies were used, either from complications existing or from failure of some of the functions to respond to that plan alone.

The diet was of a liquid character almost exclusively, mostly cow's milk, with eggs beaten up with it sometimes; at others a small quantity of brandy was added.

It is not intended to be implied that this treatment includes everything which might be necessary in all cases of typhoid fever, but I would regard it as a very valuable combination to be added to the doctor's armament in such cases. I think the thanks of the profession are justly

Digitized by Google

due to Dr. Woodbridge, for his persistent efforts to establish the utility of internal antisepsis in fevers; the more so, since it was done in the face of strong opposition in high places.

Guaiacol alone, of his No. 2 formula, has been used very effectually in fevers by other physicians, and I had myself used salol for its intestinal antiseptic properties in the treatment of typhoid fever several years previous to the adoption of the Woodbridge plan. Probably this plan may be improved on by further observation, but I think the principle of intestinal antisepsis has come to stay, not only in typhoid fever, but in all other anto-toxemias. D. G. SIMMONS, M.D.,

Adairville, Ky.

[The most striking expression in this interesting paper is, "In all these cases the temperature was irregular, and during the first few days from normal to 104° or 105.°" This would seem to take them out of the regular typhoid category, as the gradual climb of temperature from day to day, with only about one degree between morning and evening, is characteristic of typhoid fever. The sudden development of from four to seven degrees of temperature in twenty-four hours does not belong to typhoid as we usually understand it. How would it do to always use the Woodbridge treatment from the first in such cases, either with or without the anti-malarial treatment? The two cases so treated did well. However, the success of the Woodbridge treatment does not confirm a diagnosis of typhoid, as it would be of use in any febrile condition accompanied by sepsis in the alimentary tract.—Ed.]

Resembling Typhoid Fever.

Editor MEDICAL WORLD:—In accordance with Dr. Phillips' request (page 430), I will report the following cases: Mr. B., age 25, American born, worked the first part of the summer in a limestone quarry. Previous health and habits good. In June, while traveling, was taken with "cramps," followed by a severe diarrhea. After consulting several physicians without favorable results, he came home, and was prescribed for by a long-haired doctor, and after about one month I was called.

Symptoms: Face presented all the symptoms of high fever; eyes bright and glassy; tongue broad, thick, small fissures, white coat with clean center; skin dry, hot, no rash, no petechiae; abdominal distention not great; no gurgles or tenderness, except in the epigastric region; stools dark and mixed with mucus, no odor, and from eighteen to twenty-four per day, which changed in about a week to pure bile and mucus. Anorexia: Pulse ran from 72 to 110, and varied with temperature.

I append temperature chart for two weeks after I had taken the case.

Morning—104°, 104°, 104°, 103°, 104°, 103°, 103°, 102¾°, 103°, 102°, 102°, 102°, 101°, 100½°, 100°.

Evening—104½°, 105°, 106°, 105°, 104½°, 104°, 103½°, 103°, 103°, 103°, 102½°, 102½°, 102°, 102°, 100½°.

The diarrhea came down to three stools a day, and became natural in color and consistency, and the temperature reached 98½°, and remained three days. He ate some canned grapes, and temperature reached 104°, where it remained two days, when it dropped to 97° in six hours. The skin was bathed with transpiration, and, despite strychnia and alcohol, continued twelve hours, when I used tr. belladonna five drops, then two drops every hour till physiological effect was shown. This rise occurred three times, at intervals of five days. Patient at no time had any of the following symptoms: Nose-bleed, headache, gurgles, tenderness in right iliac region, offensive stools, dry, dark, fissured tongue, mental symptoms.

Case 2. Miss C., aged 16, lived on low ground, passed through a light attack of typhoid. The following symptoms were absent: Mental symptoms, petechiae, gurgles; had a strawberry tongue. Had two slight hemorrhages from the bowels.

Since writing the above I saw a case in consultation with no symptoms of typhoid except meteorism, until a severe hemorrhage put the physician on his guard. Patient had chills every other day during this sickness.

I have taken a great interest in the discussion caused by "A Doctor's Wife." Will some of the brothers give us an article on eczema in artificially-fed children? H. A. SAUNDERS.

Swea City, Iowa.

[Few cases of any disease have all the

Digitized by Google

symptoms present. This is particularly true of typhoid fever. Some cases spend their force chiefly upon the bowels, leaving the brain and skin comparatively free; in other cases the brain symptoms will be most prominent. The temperature range is the best basis for a diagnosis. If the temperature rises gradually from day to day and persists, with only about one degree between the evening and morning temperature, the case is in all probability typhoid.—Ed.]

Strychnia Poisoning With Recovery.

Editor MEDICAL WORLD:—Yesterday I was called to the police station to attend a domestic servant who was reported to have taken strychnine. On arrival I found the would-be suicide composed and calm, and in the presence of the inspector of police and wife of the sergeant in charge she most solemnly stated that she had not taken poison, and that her first statement was simply the outcome of grief and worry. A most careful examination of the house revealed no trace of poison of any kind, and it being certain that no poison could be about without the knowledge of the lady of the place or the sergeant in charge, and the would-be suicide again affirming her statement that she had not taken poison, we believed her, and concluded that no poison was taken. Twenty minutes after I noticed a peculiar convulsive twitching about the face, and again begging the unfortunate girl to state the truth, she declared she had taken strychnine, that she was feeling very ill and was going to die. Without further inquiry I gave her 5 grs. of tannic acid, and apomorphine hypodermically, loosening the clothes about the chest and neck, and then ran for assistance. The twitching continuing on return, I gave 10 grs. chloral hydrate, and was getting the stomach pump ready when she rolled off the chair, exclaiming she was dying, and was in a violent convulsion. She slowly rallied from this. There was no sign of vomiting. I again determined to use the pump and was forcing it down when a convulsion came on and I had to take it away without doing any service. The convulsions were now on fully five or seven minutes, increasing in severity, when a terrible one seemed to finish everything. She was completely cyanosed, reflexes gone, and no evidence of life. With the assistance of the nurse and inspector of police, artificial respiration was kept up for ten minutes. Pressure over the heart, harmonizing with its beat was continued until gone. It was impossible to get the tongue as the mouth was closed so tight. I considered her dead, but, lifting her suddenly, throwing her on her side, and giving her a sharp blow between the shoulders, I determined trying again. Signs of life again appearing, the artificial respiration was continued, and another 10 grs. of chloral hydrate given and continued at regular intervals. The convulsions continued seven hours. In the intervals she was conscious. The last convulsion was very severe and we almost despaired of saving her, but it was the finish, and from that time the danger was over. We had the chest bathed nearly all the time with alcohol. It was impossible to use the pump. She did not vomit for fully five hours. She is now fully recovered and sorry she deceived us.

Moral: Don't believe would-be suicides.

SARSFIELD CASSIDY, M. D.
Government Medical Officer.
Adaminaby, New South Wales, Aus.

Pleasant Chat.

Editor MEDICAL WORLD:—The MEDICAL WORLD for January, 1897, is a beauty, "so say we all of us." By the way, do the brothers realize that this year begins the twentieth century? According to our best chronology, Christ was born four years before the beginning of the Christian era; so that nineteen full centuries have already passed since His birth, and we are now entering upon the twentieth. Shall we rise to the occasion, and "acquit ourselves like men?" Read, digest and apply the editor's New Year's greeting, and THE WORLD will be benefited by the results. Each of us has learned something of great importance during the past year; send the results of your observations to the editor for general distribution.

Let every physician raise his hat when

Digitized by Google

"a doctor's wife" passes. How can we ever hope to pay the debt we owe to woman? Of course, sometimes she is uncertain, coy and hard to please; sometimes she is wrong, but means well. However, with all her faults, we love her still.

Many thanks to the editor for his manly stand against the rage to prevent conception. There can be no excuse for deliberate murder, and prevention is only a short step removed. Overproduction may be an evil; but to sow broadcast over this country, in its present state of morality, alleged means to prevent it, would be a much greater evil. It is a moral wrong to inform the laity.

Dr. Watt, page 31, strikes the keynote of success in practice. Ponder it well.

I cannot imagine what Dr. Baggart, page 31, means by speaking of oil of cinnamon "before it is too late." Has he been keeping it secret for forty years? When I was a child, my mother "kept in stock" a jar of oil of cinnamon in mutton tallow, and she regarded it as a specific for the many cuts, bruises and scratches which fell to the lot of the numerous children in the neighborhood. It is, indeed, a most excellent surgical dressing; also for local use in diphtheria. Use simple cerate, alcohol, glycerine, fixed oils, or any other desired menstruum. In the treatment of the funis, apply the ointment and prevent all unpleasant smells. But the principal use of the oil is in checking hemorrhages, especially post partum, or in too long continued menstruation; also hemorrhages from the lungs or kidneys. Five or ten drops on sugar, p. r. n., is the usual dose. It is a splendid remedy, and, I supposed, was generally known. The Editor's criticism, that it will not mix in water, is all true; but it does the work just the same. My practice is to make a tincture in alcohol, two drachms to the pint, and add the tincture to the water.

Let Dr. A. L. D., page 34, use rhus aromatica, and he will be able to pay all his debts.

Dr. Brown, page 34, should have described the case in which he wishes to use pulsatilla. Drop doses of the tincture every half hour, is too heroic for one to use who is not familiar with the action of the remedy. I may add that there is a great deal of tincture and fluid extract of pulsatilla on the market that is absolutely inert. It should be made from the fresh herbs. It has a very positive action in diseases of the reproductive organs of both sexes. It lessens sexual excitement, but, like hyoscyamus, gives more power, by relieving irritation. In orchitis and ovaritis, its action is decidedly marked. It relieves nervousness, and is valuable in spermatorrhea and dysmenorrhea. I add five to ten drops (usually five drops), to half a glass of water, and give a teaspoonful every two, four or six hours. I use the specific tincture or a reliable fluid extract.

The remarks of Dr. Cline (p. 35), remind me of a case in my own practice. A midwife attended a lady in confinement, and, in her efforts to remove the placenta, tore the funis from its attachment to the placenta. I saw the case twenty-four hours after. The lady had suffered so much from the manipulations of the midwife, and was so *sore*, that she would not permit me to use instruments, neither would she submit to an anesthetic. I was compelled to leave the secundines in the uterus. Her recovery was prompt and complete. I gave her baptisia, potassium chlorate, potassium sulphide, etc., with frequent antiseptic vaginal douches. Since then I have frequently been compelled to leave portions of adherent placenta in the womb and have never had any trouble with them. A country doctor cannot always use a curette on account of the objections of the patient or husband.

Let us all, in our County and State Medical Societies, use our influence against "the lodge practice evil;" and also use our best efforts to work up public opinion in favor of the government ownership of express, telegraph, telephone, etc. When the people demand it, it will be done, and the medical profession would be a potent factor in the work of shaping public opinion.

Lebanon, Mo. F. A. REW, M. D.

Tobacco as a Cause of Epilepsy

Editor MEDICAL WORLD:—I have a case of tobacco habit under treatment, one who has used tobacco for thirty-six years. Without any cause whatever that can be discovered, hereditary, traumatic or

Digitized by Google

otherwise, two years ago epileptic seizures developed, and continued. When he came to me, after looking over the history of the case, I decided that the tobacco habit was sufficient cause, and of course that habit must be abandoned before a cure could be hoped for. He has not tasted tobacco since. He is doing well, and I doubt not, as soon as the nervous system is relieved from the effects of that tobacco cyclone, he will be all right.

Elkhart, Ind. F. A. BENHAM.

[During the war Dr. C. D. Pearson, of Indiana, now deceased, made extensive investigations concerning the prevalence of epilepsy in the various States. He was surprised to find it most prevalent in the tobacco States, which suggested tobacco a possible cause of epilepsy.—Ed.]

Ear Trouble the Cause of Epilepsy.—Acetanilide in Malaria, etc.

Editor MEDICAL WORLD:—Patient, female; age, eleven years; of German family; well grown for her age; of healthy appearance; was subject to epileptic attacks for three years. First attack occurred while at school; no known cause for same, as the girl was of good health previously. Second attack came on one week after the first, and for several months she had those fits at regular intervals of seven days. Then they came on twice a week for five or six months. During that period attacks occurred always during the day, mostly in the afternoon; finally they occurred daily, or rather nightly, shortly after going to bed. About the time she would fall asleep she would start with a shriek, body bending backwards, legs and arms jerking and stiffening, frothing at the mouth, etc. After fifteen or twenty minutes she would relax, begin to sob, and fall asleep with no disturbance any more for that night. Complained of nothing in the morning except a little nervousness; no pain or distress anywhere.

Received treatment for two years from two of the best physicians in my neighborhood; no results. Parents were finally told that nothing more could be done for the present, and that the girl would get all right as soon as her menses would excuse, when one comes to the end of his string; but a very poor excuse.) So the treatment was discontinued for nearly one year.

Had her "fit" every evening, but slept well after; went to school in day time, and assisted in housework, never complaining of anything. Was as usual until last spring, when I was consulted for an earache which she suddenly complained of. After soothing applications, the ear would begin to discharge profusely, yellow and green pus mixed, for about nine or ten days, when, after repeated antiseptic douches, the ear got well, with hearing unimpaired, as before. Strange to say, since that night, when that earache came on, till this day, she has never had another epileptic attack. Now, was the sole cause for the epilepsy to be found in that ear? And why did she never complain of any trouble there before?

As to acetanilid in malaria, I think Dr. Broadnax is on the right track. Giving it, as he does, together with his "acid iron tonic," it does splendid work. Have had recently three cases of maarial fever, one of the quotidian, the other two of the tertian type. All three had taken quinine with purgatives very freely for several days, but chills would return faithfully. The first two cases were in the hands of a neighboring physician for five days, when I was called in his place. Acetanilid grs. v, plus capsicum grs. ¼, given about one hour before the chill was due, one other dose in about one hour, then during the day the acid iron tonic only, has cured those three cases promptly, much to the chagrin of my neighbor. I prefer the capsicum to strychnia, in combination with acetanilid, in malarial complaints. But I would not abandon quinine altogether, for there are cases of malaria where it is the remedy par excellence.

It is quite a significant fact in medical progress (or pessimism—which?), to see some of the best men in our profession declare war against many of the time-tried weapons in medicine, without which no regular practitioner could have practiced only ten or fifteen years ago—weapons such as alcohol, opium, quinine, ergot, pot. iodide, etc. Is it because they were powerful agents for evil, as well as

Digitized by Google

appear. (By the way, a very common good, that they should be displaced by other more harmless remedies that are more pleasant to the eye and taste, "and will do no harm if they do no good?" That would be a nice thing, indeed, for the mentally lazy and inexperienced in our ranks, and would considerably reduce the possibility of being "doctored to death." It is such a nice thing, and simple, too, to prescribe antikammia, bromidia, sanmetto, tongaline and other numerous creations of the modern pharmacist that will promise anything and everything in the way of cure. But let us stop occasionally, and compare results in a general way. Are the advocates of these new things really satisfied with them? Is it not amusing to see some of them, after a succession of "wonderful cures," fall back on just a wee bit of opium, quinine or calomel? It is not long ago since I wrote an artiticle for this journal on ergot in obstetrics, having found a wonderful substitute for the same, which answered well in many cases, but worked havoc in a recent case of mine.

Ergot stopped a severe post partum hemorrhage for my patient, after I had exhausted, and I say it reluctantly, all other means at my command. Now I hear Dr. Broadnax laugh out loud. But never mind; my patient is alive and well.

As to that inquiry in the January WORLD for an excitant of the animal passions, THE WORLD Editor has given most excellent advice. I do not wish to improve upon it, but only wish to add that to give excitants to "played out" sinners is a most vicious practice, and can only result in great harm. Does the inquirer know anything of pathology? If so, why does he want to chase out the last spark of life and vitality that yet remain in such patients?

To give aphrodisiacs in such cases is like whipping a tired horse to death. Does the whip impart strength to a tired animal, or does it cause only one last desperate effort, before the beast breaks down altogether? Yes, good food, good morals and good hygienics will redeem such patients, if anything will; this I can say from experience.

As to those admirable monthly talks by the Editor, I shall have them reprinted in our county paper shortly.

Lorton, Neb. DR. MAYER.

[The "creations of the modern pharmacist" do not claim to entirely do away with such standard drugs as opium, quinine and calomel. All of these things have their proper place and uses. No doctor would think of trying to do without opium, quinine and calomel; neither ought he to neglect the "creations of the modern pharmacist."—ED.]

Cases of Puerperal Eclampsia.

Editor MEDICAL WORLD:—During 1896 I have attended over 50 full-term labors, and have had two cases of puerperal convulsions, one in which the convulsions began after delivery, and one in which they began before and ended with delivery. With the permission of our ever kind and humanitarian editor, I will report the indications and management of both, which perchance may meet some country doctor's eye, and be his beacon light when no other help is to be had.

Mrs. C., aged 27, white, primipara, lived a distance of eight miles from me, and I had never seen her before. I arrived in answer to a summons at about 5 P. M. on the evening of the 25th of July, and found that the baby had arrived something like an hour before I did, though the cord had not been cut nor tied. This I proceeded to do, and then delivered the placenta with less than the usual amount of hemorrhage, I noticed that her face was somewhat swollen, and, on examination, I found her lower extremities badly swollen. She had been suffering from headache for several days, and was still suffering from it. Her pulse was about 96, full and bounding, with every other beat less distinct.

I immediately gave her 20 grs. chloral hydrate, and when I left she was feeling better and inclined to sleep. I told her husband that I feared convulsions, and if her head continued to pain her much to give her 15 grs. of chloral every hour till two more doses were given, or till her head was relieved, and then give not oftener than four hours, or as indicated by the head symptoms. I also instructed him to give her a good dose of salts next morning, as her bowels were constipated. Soon after I had left, or in about 2½

Digitized by Google

hours after the baby was born and after she had taker 35 grs. of chloral, she had a convulsion, and continued to have them at the rate of about every 20 minutes till I arrived at midnight and found her unconscious, having had eleven, and being in such a profound stupor that it was impossible to give her anything by the stomach. Before I had examined her pulse a convulsion came on (at 12) and another at 12.20 a. m. and 1.05 and 2.40 and 4.30 a. m., making in all 17 convulsions. I immediately gave ¼ gr. sulp. morphia 1-100 sulp. atropia hypodermically, and followed this by 20 grs. chloral dissolved in two teaspoonfuls of warm water, given the same way; and, as she had another convulsion 2.40 A. M., I gave 16 grs. more of chloral and ⅛ gr. morphia and 1-200 gr. atropia. I now felt that I had about all the medicine in that I could risk, and, as the convulsions, though farther apart, were harder, I tried the old standby of our forefathers, viz., bleeding, just after she had the last convulsion at 4.30, taking about two pints of blood from a vein at the elbow. I remained with her till 8 o'clock a. m., and, as she showed no further indications of convulsions, as a precautionary measure, I gave another hypodermic of ¼ gr. sulp. morphia and 1-100 gr. sulp. atropia. She remained unconscious till the next day, a while before I saw her, when she gradually became rational, but was never able to remember anything that happened the day her babe was born. I must not fail to mention also that during all the time before I bled her I was endeavoring by the use of chloroform to stop or mitigate the severity of her paroxysms. To show that she was particularly susceptible to the influence which produced convulsions, I will say that when a child she had chorea, and has had in the last three years three epileptic seizures. Her father is an epileptic of several years' standing, and she has a sister that is an epileptic. So it will be readily observed that the neurotic tendency is great.

Case 2. Mrs. S., aged 17, colored, primipara, had had seven convulsions when I arrived, and was supposed to be about eight months pregnant, and was semi-conscious. Convulsions were about 30 minutes apart. I made an examination, and found vertex presenting and the os dilatable. I gave ten drops of tr. veratrum and ¼ gr. morphia sulp., 1-100 gr. sulp. atropia, and tried to stimulate contractions by digital irritation of the os uteri, which I succeeded to some extent in doing. After an hour, and seeing her have two convulsions, I determined to use forceps, which I did without a great deal of difficulty, delivering her in half an hour of a living but very delicate baby, which died in a few hours. The woman never had another convulsion, and made a speedy recovery.

I have been practicing ten years, and have had five cases, all of which recovered, two of them beginning before delivery and three after delivery.

I have used morphine and atropia in all of the cases, pilocarpine in some, bleeding in one, where I felt sure it did more good than all the remedies I had used before combined; chloral hydrate hypodermically in all the cases where unconsciousness rendered it impossible to give it by the mouth; chloroform in all the cases, and veratrum in some.

I am perfectly sure that this is a disease in which many remedies are useful, and that it will not do to pin our faith to any one line of treatment. The indications are such as to justify heroic doses and measures, and we should not hesitate to use them; always, however, keeping safely within bounds of reason, and not doing more harm by medicine to control convulsions than they would have done themselves. From my experience, when there is a full, bounding pulse, I would not rely long on other remedies before I resorted to blood-letting, which, like all the other remedies, has its indications and limitations. I am fully aware of the fact that some may criticise the use of chloral hypodermically, and say that it should be used by the rectum. To these I would say that we can always be sure of what we are doing when we give it hypodermically, and a sore arm amounts to little when life is at stake.

G. G. THORNTON, M. D.

Gravel Switch, Ky.

[Would it not have been well, in the first case, to have emptied the bowels immediately by enema, and given the "good dose of salts" without delay?—Ed.]

Digitized by Google

Puerperal Eclampsia

Editor MEDICAL WORLD:—I have lately had what was to me a very interesting obstetric case. It seemed that from the beginning of the pregnancy, which was her first (her age was about thirty) the stomach derangement and other disagreeable symptoms were unusually severe. At about seven months I was sent for, the messenger saying they thought she was in labor. I found her suffering extremely with cramping pains in the stomach, sometimes extending to other portions of the body. The most powerful sedatives seemed to have no effect, except for the time she would be in a stupor from their effect. An examination found the anterior lower portion of the uterus displaced downward, the cervix high up, very small, elongated and displaced so that it lay against the left side of the pelvis. No opening in it that I could discover. Examination of the urine found it about ten per cent. albumen. I thought the trouble was in part due to uremic poisoning, and in part due to the uterine displacement and closure of the cervical canal. She improved after twenty-four hours so I could leave. By taking a course of blue mass and ipecac in small doses at intervals of a few days, and Hayden's viburnum compound continually, she got along without many serious symptoms till about two weeks before her expected confinement, when I was sent for, the messenger saying she was in labor and having fits. I found her with the same cramping, etc., as two months before, with the addition that the spasm extended to all parts of the body, the patient becoming insensible. Purgatives, diuretics and sedatives were liberally used, the first having all the effect desired, the sedatives none. After forty-eight hours, ergot and gossyppium were administered, which in twenty-four hours had the effect of lowering the uteris till it was easier to reach the cervix. After long effort I forced my finger into the cervix, finding the first half of the canal very tight. After forcing my finger through it, proving to me that it had been closed by adhesive inflammation, I continued the effort till the os was dilated to the size of a quarter, and the presentation diagnosed. After the dilatation there was not another convulsion. The labor was not completed till thirty hours afterward, owing to inefficient pains, and not being allowed by the family to use forceps. The child, though small, was well formed and living. The recovery of the mother was uneventful. Of course, many things were tried from first to last besides the drugs mentioned, but these are what seemed to do most good. Venesection made the convulsions more mild, but did not stop them. If any of the brethren have any criticisms to offer, I will be glad to hear from them.

Tenn. C.

[Adhesive inflammation of the os uteri very rarely occurs. If the convulsions had not occurred, and the case gone to full term, it is not likely that anything unusual would have been noticed about the os. To bring on labor as you did was proper. At that stage of pregnancy the os is, and should be, very firmly contracted. Application of belladonna ointment would have aided in the dilatation.

We consulted Dr. W. S. Stewart, ex-prof. of obstetrics in the Medico-Chirurgical College, about this case, and he says he has found that one dram of chloral injected into the rectum will control the convulsions one hour and a half. He controls puerperal convulsions in this way, and also by giving chloral by mouth, when the patient can swallow, and chloroform by inhalation. For albuminuria during pregnancy he gives Basham's mixture, salines and chloral at night, if necessary to produce sleep, and it also tends to ward off convulsions.—Ed.]

Cerebral Hemorrhage.

Editor MEDICAL WORLD:—V. B. P., Company "H," 55th Regiment, O. V. Inft., age 54 years.

Had been in good health until about 9 A. M., December 27, 1896, when he expressed himself as not being very well. In a short time he went to his room and lay down upon his bed. At noon he said that "he did not care for any dinner, so would keep quiet where he was."

About half an hour later, when his room-mates returned, they found him lying upon the floor in a half conscious condition.

I was immediately summoned, and

Digitized by Google

found patient's pulse 110, weak and irregular; respiration 24; temperature 99° F.; head turned toward the right side; eyes also turned toward the right, and pupils dilated; left side of face flabby, and mouth very much distorted, with inability to protrude the tongue. The left hand and arm were completely paralyzed; the left leg and foot partially so.

He was immediately removed to the hospital, and hot-water bags were placed to his feet, legs and sides, and an ice cap to his head. He was then given fluid extract of ergot, one-half dr. with sodium bromide grs. x, every two hours.

At five p. m., patient was delirious and talked incessantly, though the greater part was unintelligible; the paralysis had advanced until there was complete left hemiplegia; the other symptoms were about as when taken before.

At nine p. m., patient was quiet and had been sleeping about one hour. Directions were given to continue hot water and ice, though not to awaken patient to give medicine.

At nine o'clock the next morning I was much surprised to find my patient walking about the ward, the only remaining symptoms of the previous trouble being a marked weakness of the leg and arm, and a partial paralysis of the tongue and face.

Paralysis of various forms is a common affection among the inmates of this institution, but this is the first case on our records where a man has so completely recovered in one night.

The man has always been sober, industrious and not addicted to any excesses.

W. D. BURNHAM, Ass't Surg.,
Ohio Soldiers' and Sailors' Home.
Sandusky, O.

Dropsy Cured by Salivation.

Editor MEDICAL WORLD:—I attended a negro woman for la grippe two years ago. After recovery she was attacked with what I thought was heart trouble—shortness of breath, with feet and legs swelling up to above the knees. I put her on the usual remedies for the heart—calomel, digitalis, etc. She continued to grow worse every week, until she could not lie down day or night. After reading an article in some journal I put her on small doses of calomel for three days. I told her about her eating, but she drank some sour milk, by which she was terribly salivated; tongue swelled so she could scarcely speak or swallow. I put her on Fowler's solution of arsenic, five or six drops, three times daily. She soon recovered from the salivation, and was entirely relieved from all trouble, and has been well ever since.

Link, S. C. W. E. LINK.

[The heart was not the cause of the trouble, except that a weakened action might have contributed to the dropsy. Either the kidneys or a fault of assimilation was the cause. The calomel, by its action on the liver, or in some other way (we do not yet understand the wonderful action of mercurials), corrected the fault of assimilation, and the case was cured. This case illustrates the fact that, in the olden days, mercurialization really did some wonderful things, but also some terrible things. If we were able to discriminate, and use this powerful weapon for good, and not for harm, we would be better off. Kidney trouble rarely arises *per se*. It is usually caused by the kidney being compelled to excrete substances not normal to its function. Back of this, then, lies a difficulty of assimilation—the real difficulty. Many cures of so-called kidney trouble are cures of the cause remote from the kidneys, relieving the kidneys of their extra and abnormal work, and, presto, the kidney trouble vanishes, provided no structural damage has been done by the extra and abnormal work. I hope we will understand these things better some time.—Ed.]

War on Diploma Mills.

Editor MEDICAL WORLD:—I would like to express my appreciation of Dr. Mayer's righteous indignation expressed against a certain diploma mill. I am with the doctor heartily. I have no use for diploma mills or their product. I hope the doctor has no particular spite at this particular "mill," so that he can be liberal and broad-minded enough to include the more pretentious "mills" in his sweeping denunciations. The country is surfeited with these "mills" masquerading under the pretensions of being first-class medical colleges, and

filled with half-baked M. D.'s, whose only recommendation or evidence of ability to treat disease successfully is their diploma. True, it costs a mint of money to get one of their diplomas, but the cost of a diploma is no index to the ability of its possessor. The best way to down all such diploma mills is to estimate all diplomas at their true value. Instead of teaching the public the untruth that a diploma is a sure index of professional ability, teach that the moral character of the man is the most important thing for them to consider; that a man, dishonest in any other line of business, is more than likely to be dishonest in the practice of medicine. Teach the great truth that the medico-political lobbyists of some States have by false pretenses induced some State Legislatures to place fictitious values upon the diplomas from the "recognized" medical trust colleges. Teach them that, if possible, State examining boards are worse than diploma mills; that Dr. Alexander Wilder and hosts of other men high in professional ranks are unalterably opposed to medical legislation, and believe that the best interest of medical science would be advanced by the repeal of all such legislation; that medical legislation is tyranny intensified, un-American, unconstitutional, and class legislation of the most sinister kind. If the general public was once set right on this matter, Fred Rutland's diplomas would not sell for a dollar apiece, and would be worth less than that to their owners. Nor is that all; a great many of the more pretentious "mills," if they did not lean upon the strong arm of the law for existence and students, would soon become more practical in their methods and teachings—a "consummation devoutly to be wished."

Does Dr. Mayer know anything about the history of medical legislation in Nebraska and the organization of the two medical colleges in that State, one of which has for its dean and lecturer on the theory and practice of medicine a young man twenty-four years of age and less than two years' practical experience? If he does, I hope he will write it up for the readers of THE WORLD. It would be interesting reading. The doctor might also tell how these same professors (?) obtained a decision from the State Supreme Court compelling a physician licensed in Nebraska, but removed from the State, to again graduate from the State medical examining board before he could resume practice in that State.

In Brice's "American Commonwealth" we find that the liberty to practice medicine is practically unrestricted in England. The only restriction being that none but registered physicians can collect their bills by legal process, or hold office by appointment under the government. Under the more despotic State government of Washington and some other States any person may practice medicine, but he may be subject to a fine and imprisonment for taking a fee for his medical services. Granny Good might save life where Dr. Drunk would be almost sure to kill; yet for taking a fee for her kind offices Granny could be fined and imprisoned, while the law would enable the Doctor to collect a fee. It is a disgrace to American manhood that any person under the stars and stripes can be legally punished for taking pay for any act that results in good and good only. "The laborer is worthy of his hire" when he does his work well, is a principle ignored by medical legislation. I believe in placing responsibility where it belongs, and nowhere else.

Two years ago a farmer came for me in the middle of a cold, stormy night, asking that I come as quickly as possible to attend his wife in confinement. Being badly indisposed, threatened, as I thought, with peritonitis, I insisted that he get some one else. The man began to cry and exclaimed: "What shall I do? It's twenty miles to Colfax, and before I can go there and back my wife will be dead." "Well," said I, "can't you get Mrs. B.? She can do as well as a doctor, if everything is all right." "Mrs. B. is there already," was the reply, "and an arm is born and she can't get it back!" I went, and found an arm and funis extended from the vuvla. There were no pulsations in the chord. I performed podalic version, and delivered. In forty minutes from the time I entered the house the woman was resting well, happy and thankful for what I had done for her. In the morning the husband, having

Digitized by Google

business in town, rode with me six miles. He said "There ought to be a law to keep old women from taking such cases;" and if his wife had died Mrs. B. would have been responsible. "No, sir," said I, "that's a mistake; if your wife had died no one but yourself and possibly herself would have been responsible. Mrs. B. took the case at your request with the distinct understanding that she could 'get along' if everything was all right. If everything was not all right you were to get a doctor, and if you delayed too long the responsibility would be yours." Well, he had not thought about it that way before. In this country of "magnificent distances" there are many cases of confinement where it is simply impossible to get a physician; and I am glad there are some women in each community who can take charge of such cases. I believe that every woman should know what to do, and how to do it, in this class of emergencies. I have no quarrel with the midwives. One of them who has, in her time, probably attended more cases of confinement than I have, made the remark that "since Dr. L. came to St. John's I haven't as much confidence in myself as I used to have; he is a wonderful revelation to me."

Let Dr. Mayer carry the war against the "diploma mills" into Egypt. I will be with him under the shadow of the pyramids. J. W. LOCKHART.

St. John, Wash.

[Doctor, your communication is honest, earnest, and interesting; but, you know, in these pages we meet for friendly interchange of views, although we may not always agree. On the general proposition, we believe in certain legal requirements for those who wish to practice medicine. We agree with the sentiments and favor the plan given by Dr. R. S. Sutton in THE WORLD for last April. Intelligent and safe medical practice requires certain knowledge. A person practicing without this knowledge is a danger to the community. The law in most States requires that a pharmacist who dispenses poisons shall have certain qualifications, that he may be able to practice so dangerous a calling without undue risk to the lives of his patrons. And how about the doctor who orders these poisons? Should he not also be required to have certain qualifications? A pilot must know his business before he is permitted to take into his hands the lives of crew and passengers. Many other instances could be given. Now, the question is, who is to judge of the proper qualifications of pharmacist, physician, pilot, etc.? A person who stops in at a drug-store to make a purchase cannot go into the merits of the druggist's qualifications. Passengers upon a boat cannot judge as to the qualifications of the pilot to steer the boat safely to its destination. These things must be done by law. This is necessary for the safety of the public. It is not a question of trusts or monopolies, except as certain States may abuse this necessity. To insure public safety, a pharmacist must be judged by his peers in order to decide his fitness to practice pharmacy; so with the pilot, and those of many other callings involving risk and danger to the public; and these things must be done by law. We do not see why those who presume to be able to practice medicine should be excused from giving some evidence of their qualifications for so responsible a calling.—Ed.]

Wisconsin Diploma Mill Again.

Editor MEDICAL WORLD:—About two years ago I received papers from an Eclectic institution or society, of Milwaukee, Wis., stating that diplomas would be issued by above-mentioned body without attending a college course.

I threw the circular in the stove, after showing it to my son, a student in pharmacy, who laughed at the easy way to be made a doctor in the State of Wisconsin. But for my son's mocking the idea of issuing such diplomas I would have forgotten the matter by this time.

To make the entire humbug (sanctioned by law) clear to my brethren of THE WORLD'S family, I will give them to know what a great power medical societies have in our State, and whether used for good or evil depends on the censors of such societies.

Medical societies are empowered to issue diplomas by Section 1,425, Revised Statutes. It gives power to the censors to grant a diploma to any whom they

Digitized by Google

may deem worthy after an examination, and receive a fee of $10. Of course the examination may be whatever the censors choose to make it. It all depends on the censors.

J. A. MUENICH, M. D.

Jefferson, Wis.

The Physician's Relations to the General Public.

Editor MEDICAL WORLD:—As conservators and guardians of the physical well-being of humanity in general, we are called upon to expound the laws of health. We must, therefore, of necessity be promoters of the cause of temperance as well as instructors of the laws of sanitation and hygiene. To do this with success and credit, it is necessary that we receive a proper professional education, and a thorough training to fit us for our life work.

As medical advisers, we become intrusted with secrets that are of the most sacred nature. We are likewise subjected to greater temptations than most men, and our opportunities of wrong-doing are many. As a class, however, we are worthy of the great trusts reposed in us.

How often are we called upon to treat the poor who cannot pay us for our services! From time to time we are called upon to rise from our beds, facing the inclemencies of the weather, to attend some sick and suffering patient, with no expectations of pay or reward other than the consciousness of doing good.

During the prevalence of epidemics, we stand-like Moses, between the people and the plague, risking and very often sacrificing our lives in their behalf.

If we examine the records of our surrogates' offices in our principal cities, how few names do we find there of physicians. One of the causes for this state of affairs is, that we are denied what are called business methods. We cannot advertise our business as the merchant and tradesman do. We cannot claim greater advantages to be obtained by treatment received from us over that obtained from others. Neither can we claim to treat disease and administer medicine "below cost."

As a rule, we are poor business men. We do not use proper diligence and method in obtaining a just remuneration for services rendered.

Our profession is a peculiar one, requiring great technical skill and ripe judgment. This technical knowledge and skill cannot be made available outside of the profession; yet quacks and charlatans are oftentimes far better remunerated than the highly educated and qualified physician. This is due largely to the ignorance of the public in regard to medical subjects in general. The one who elbows his way to the front has an advantage over the one who patiently waits to be called there.

Another reason why the physician does not meet with the recognition he deserves, nor is protected in the pursuit of his calling as other professional men are, is that he, as a rule, takes no active part in political affairs. He has patients from all parties, possessing various shades of opinions. Besides this, his professional work calls for the utmost exertion of his abilities, so that he ordinarliy finds himself unable to pay the proper attention to political subjects.

The clergyman can preach politics from the pulpit, and take an active part in political work, and he is applauded for so doing. The religious journals are mainly supported, financially, by advertisements of quacks and charlatans, to the injury of the public in general, and certainly not to the advantage of the medical profession. If our medical journals were to admit into their advertising columns the advertisements antagonizing and opposing the moral and religious efforts of the clerical profession, their papers would be filled with denunciations, and their pulpits would resound with anthemas against our profession.

Seeing we occupy professionally such a unique position before the public, the question arises, ought we not to occupy a privileged position in society, and be accorded special privileges? Should we not also be protected from invasion of our rights from without? Again, should we not be consulted, and our advice taken through our representatives, the medical societies, on all subjects relating to the general health and physical well-being of our communities?

Doubtless, if the profession in general would take more interest in political

Digitized by Google

affairs, much more good would accrue to the communities.

In conclusion:

Let us in the future take more interest in political affairs.

Consider what is best to be done with our habitual criminal class. Shall we continue to imprison them at a great expense to the communities, and no resulting abatement of crime, but rather the reverse?

Shall we continue to found in our State prisons, colleges of crime for the graduation of perfected criminals?

Shall we consent to our perfected criminals marrying, and through their potentiality, giving birth to inherited tendencies to crime? Let us consider our responsibilities, and so act that in the future we will have no cause for regret for unfulfilled duties.

A. T. CUZNER, M. D.

Gilmore, Fla.

Relief by Suggestion.

Editor MEDICAL WORLD:—*The Lancet* for November 25th contains an article giving the details of a case wherein an "obstinate case of vomiting of pregnancy was cured by the application of electricity, but it was discovered that the battery was not in working order at the time the electrodes were applied, so that it was purely by suggestion that the result was accomplished." This case reminds me of one which occurred in my own practice some three or four years ago. I was called hurriedly to see a patient, and upon arriving at the house was ushered into an up-stairs room, where I found a man rather beyond middle age, who was rolling and tossing about on the bed in a perfect frenzy. He was crying and praying, and altogether appeared to be suffering terribly. I inquired of the attendant (his wife) the cause of the trouble, and received a rather disjointed history of a wound received in the army, a bullet having lodged in the region of the left kidney, and still remaining there. She stated that he had several times complained just as he was doing at this time, but was always relieved by a hypodermic injection of morphin.

I forthwith prepared my hypodermic for an injection of ¼ gr. of the sulph. of morphin, and ·150 of atropin, of which I had only one tablet remaining in my case; but imagine my discomfiture when I found the washer on the plunger had shrunken so that it could not be given. Not to be outdone by so small a thing as this, I caught up the skin between my thumb and finger, and inserting the needle, I pretended to inject the solution. I told him he would soon be relieved, and it was not two minutes until he told me that he felt the medicine "going all over him," and in five minutes he declared the pain was entirely gone.

I relate this because I feel confident that there are many cases where suggestion will relieve a patient, and I believe, often effect a cure.

I will state, however, that before leaving this patient I stepped over to the druggist opposite and supplied myself with the necessary tablets, etc., and gave him the "second" injection. I called the next morning and found there had been no return of the trouble.

J. S. BENNETT, M. D.

Todd's Point, Ky.

[Why was the "second," the real injection, given if the suggestion had worked so nicely, and the patient free from pain? It seems probable that this patient was suffering from the passage of a calculus through the ureter, from the kidney to the bladder. This is suggested by the location of the pain, the "frenzy" of pain, the patient rolling and tossing about, its sudden cessation, and the fact that it had occurred before. It is likely to occur again unless the urine is examined and proper treatment instituted.—Ed.]

A Trial of Antitoxin in Diphtheria.

Editor MEDICAL WORLD:—In noting the pros and cons in the discussion of the use of antitoxin by the contributors of THE WORLD, it seems to me that there is a tendency on the part of some members of the profession to decide the question in their own minds, and then to make subsequent tests from the standpoint of their preconceived opinion. My preconceived opinion was that the antitoxin furor was probably another fake in the interests of the pocketbook of the promoters, similar to several of the great (?) discoveries of which we are informed

Digitized by Google

from time to time. But as most all of my diphtheria patients in whom laryngeal symptoms developed seemed to gain little benefit from the usual endorsed treatment, I tried antitoxin, and tested it so far as my ability and limited number of cases permitted.

Between November 20 and December 31, 1896, I treated 32 cases of diphtheria, 23 of which were of a type of enough severity to render the diagnosis beyond question. Of these 23 cases I wish to submit my report. They ranged in age from six *weeks* to 36 years, two being over 12 years of age and nine being two years of age or younger. Thirteen had the laryngeal complication with severity, and seven of the 13 were not seen until after the third day.

One case only of the 23 died, and that one was beyond help when first seen, dying in six hours from the time of first visit.

Antitoxin was used in these cases in doses of from 500 to 1,000 units repeated when necessary in from eight to 24 hours, and in connection with the usual orthodox bichloride, per oxide, treatment.

One patient developed a rash over the back of the trunk; none had any of the other bad effects generally reported to follow the use of antitoxin.

In three cases part of the antitoxin was injected hypodermically, and part was swallowed; and so far as could be determined, when swallowed a larger dose was required, but the result otherwise was the same.

I gave no minimizing doses and regard the reports concerning them as not indicative of result, the proportion of population in a community contracting the disease being so small. Very few cases injected in the first and second days prove fatal, and it is hardly fair for a physician to put the whole community to the expense of minimization when he knows that the danger is so small.

From the above experience, antitoxin is regarded by the writer as safe and worthy of confidence and fair trial. I do not believe it will cure every case, raise the dead or prevent errors of judgment; but it *will* assist a perplexed physician very promptly in his bad cases. I have not thought it necessary to use it in every case, as many cases need little or no medicine of any kind.

From my observation and reading I think that some of the causes of adverse reports on antitoxin are the use of unreliable serum, use of old serum, use of dirty needles or syringes, injection into improper parts of the body.

I feel confident that many of the cases reported above would have been fatal under any other treatment.

Menasha, Wis. PRESTON POWELL.

For "A Tough Case."

EDITOR MEDICAL WORLD:—On page 34, January number, in the case of "A Tough Case," a number recover by following up these hard lines:

Avoid the use of meat soups, meats, poultry, game, cheese, eggs, peas, beans, tomatoes, spirits, ales and onions.

Take, milk, vegetable soups, bread, butter, farinacaeous foods, vegetables, fish, oysters aud fruits in moderation.

Sweets and sweet fruits very sparingly.

Wollen underwear at all times.

Warm baths; never a cold one.

All the rest that can be had.

Take gr. $\frac{1}{10}$ chloride of gold and iodine three times a day.

If excess of urates in the urine, take a laxative quantity of sulphate of soda in hot water in the morning, and take one-half a pint of water an hour or two after meals.

London, Ont. WM. WOODRUFF.

For Itching After a Burn Has Healed.

Editor MEDICAL WORLD:—In reply to Dr. Smithson, page 477 of December WORLD, allow me to state that in case of a deep and severe wound, the chances are that the terminal nerves are being caught and compressed by the contracting cicatrix, and that surgery alone will give relief. But the trouble and expense of doubtful experiments make the game hardly worth the powder, unless the pain be too great.

In case of a more superficial burn, gentle massage with some bland ointment ought to suffice. If the doctor will use resinol patiently and thoroughly, I think he will be pleased with the result. If he thinks favorably of this suggestion, he can learn all he needs to know of the

Digitized by Google

virtues of the mentioned remedy by referring to page xvi of the December WORLD. R. S. CLASON, M. D.

Spokane, Wash.

[Or page xiv of January or February WORLD.—Ed.]

DR. W. S. CLINE, of Woodstock, Va., writes: "I have written 87 letters to all parts of the country since the quick remedy for lumbago appeared in THE WORLD, and all say it solidifies for them. If they will use the U. S. P. collodion and strong ammonia, they will have no trouble. My druggist will mail it to them at 25 cents. It is quicker than a morphine injection."

The Doctor's article appeared in December WORLD, page 477. After suffering for three weeks with sciatica and lumbago in spite of the usual remedies, he found immediate relief by using a preparation he found in January WORLD, 1892. The remedy is as follows: Tincture of iodine, aqua ammonia (strong) and collodion, equal parts. To be painted on the part.

Measles Treated with Sulphide of Calcium.

Editor MEDICAL WORLD:—A recent epidemic of measles has afforded me a fine opportunity to try the ameliorating, abortive and prophylactic powers of the sulphide of calcium. Its abortive properties in furuncle are pretty well established. In a recent epidemic of measles I had an opportunity of testing it. Many children in the same family had the disease rendered mild and many did not take the disease when put under the influence of this drug, In some cases of adults where the eruption was very dark, and typhoid symptoms present, by the use of one grain every two hours all the unpleasant symptoms were easily controlled and speedy convalescence occurred. I have faith to believe that scarlet fever and even small pox can be rendered mild if not aborted by the early use of this remedy. Try it, reader, and let us hear from you. E. B. SILVERS, M. D.

Rahway, N. J.

How do you Tabulate Interesting Articles?

Editor MEDICAL WORLD:—Won't you in next issue of your excellent journal suggest a form of blank-book, in which to note interesting articles in the monthly journals worthy of memory and future reference—a sort of simple "index rerum?" By so doing you will confer a favor on me and, doubtless, many other subscribers to THE MEDICAL WORLD.

I find it both useful and interesting to re-read the old issues.

In November WORLD I must note page 443, and highly commend Dr. Ervin Tucker's article, "Difficult and Premature Delivering of a Very Large Child." Such clinical memoranda are highly instructive, and especially so to those remote from the great medical and surgical centers. I am getting old in the profession now, but this article brings to mind Rob Lee's "Clinical Midwifery," which our good old Dr. Meigs, back in the 50's, used to urge his class to buy and take home with them.

J. E. SLICER, M. D.

St. Joseph, La.

Removal of Superfluous Hair.

Editor MEDICAL WORLD:—In the November number, a subscriber "wishes to know the formula of a good liquid for removing superfluous hair." Allow me to state there is absolutely none such, or any kind of a preparation that can by any possibility remove permanently superfluous hair. All advertised preparations for this are the veriest frauds and humbugs, and can only destroy the hair even with the outer surface of the epidermis. A razor will do this just as well, and with less trouble, expense, or damage to the skin. A brief study of the anatomy involved will convince you of the utter uselessness of any chemical action on the hair itself; for, you may pull the hair completely out by the roots, and the system of follicles which produces and feeds the hair will proceed to make and send out a new hair. Therefore the only way to get rid of superfluous hairs is to destroy the follicle; and no outward application will do this. The only successful way to do this work is by the insertion of the electric needle. This even is often unsuccessful, and always painful; for, unless the needle finds the follicle and destroys it, the hair, though extracted, will be reproduced. I have made a specialty of this subject for years and speak from experience. GEO. I. BETTS,

Milwaukee, Wis. Electrotheropeutist.

Digitized by Google

A Brief Report on Morphine Treatment.

Editor of MEDICAL WORLD:—Besides psychical treatment, in morphinism, medicamentous substitution is practiced by physicians employed by the Temperance Reform League, in order to shorten and render tolerable the tortures of the period of abstinence. In the beginning of the treatment one of the customary evening injections of morphine is replaced by a dose (by mouth) of two or three centigrammes of codeine (in the form of its hydro-chlorate), combined, in very excitable patients, with 30 to 45 grains of sodium bromide, in solution. Later on, as the morphine is being steadily reduced the dose of codeine maybe repeated three or four times in 24 hours. (1-6 grain of morphine corresponds to 2-5 to 1-2 grain of codeine.) As a rule 1 1-2 grain a day suffice, never giving more than three grains in one day.

As the abstinential symptoms improve, the dose of codeine in the solution or pill should be gradually and secretly reduced, withont however, dispensing with the solution or reducing the number of pills taken. Meanwhile, mitigated half-baths at a temperature of 78.8—82.4 F, most frictions at 68 F, and, in diffuse pains or gastralgia, slight faradization of the affected parts, are of service.

TEMPERANCE REFORM LEAGUE,
c-o Geo. F. Ormsby, Xenia, Ohio.

Neuralgia.

Editor MEDICAL WORLD:—"Some men learn for the sake of edification." Only that knowledge which we retain and of which we make a proper use is beneficial to us. How much trouble and suffering we would avoid, could we remember all we learn. These reflections are suggested by a perusal of Dr. W. S. Cline's experience with sciatica and lumbago (page 477, MEDICAL WORLD, December, 1896). Five years ago Dr. Cline knew all about the application which proved such a blessing to him, but he had forgotten it. THE MEDICAL WORLD has always been and will always be brimful of good things, and they should not and need not be forgotten. Let every brother keep a vade mecum, properly indexed, and keep each volume of THE MEDICAL WORLD properly bound, and it will be an easy matter to turn to any article which he may wish to recall. I have ten volumes of THE MEDICAL WORLD thus treated, and my vade mecum is highly prized. Let me remark that the local application referred to need not be confined to cases of sciatica and lumbago. Use it in all forms of neuralgia, especially trifacial; apply it over the nasal forsae in "cold in the head," on the occiput in spinal meningitis, on the mastoid process and vicinity in earache in children, over the coccyx, over the painful joints in rheumatism and arthritis, in pleuritis; anywhere, everywhere when its influence is desired, but do not expect it to be a cure-all. Each therapeutic agent has a specific action, and when the conditions are the same the effect will be the same. The term "neuralgia" is apt to mislead. All pain is in one sense neuralgia. Neuralgia should not be confounded with neuritis. The former may be the result of numerous pathological conditions. It may be "the cry of a starved nerve for proper food;" it may be the result of structural changes in the nerve itself; inflammation of the nerve or of neighboring parts, caries, exostosis, tumors, affections of the sexual organs, stomach, liver, kidneys, etc.; it is often reflex; structural changes in the spinal cord, brain or membrane, morbid deposits in those tissues, metallic poisons, miasmatic influence, constipation, etc. So that in treating a case of obstinate neuralgia the physician should diligently search for the cause of the local pain, and not imagine that the application referred to will cure all cases of sciatica and lumbago, nor should he discard it as worthless should it fail in a given case. Apis melifica, asclepias tuberosa, macroty's rac., phytolacca dec., bryonia alba, rhus toxicodendron, and many other similarly acting agents are prompt and efficient remedies in cases of neuralgia where they are indicated. That is, each remedy has a characteristic action, has a tendency to remove a certain pathological condition, and whenever that peculiar pathological condition is the principal cause of the local pain, that agent will promptly cure. We need a more careful study of our materia medica, so as to understand the precise action of the remedies which we use. Another important point is the size of the dose. A small dose of morphine will

Digitized by Google

stimulate, a large dose will depress; a small dose of rhubarb will often check a diarrhea; a large one has the opposite effect. The same may be said of every therapeutic agent. Therefore regulate the size of the dose by the effect which you desire to produce. I may have more to say on this subject in the future.

FREDERIC A. REW, M. D.

Lebanon, Mo.

A Clergyman's Views.

A clergyman reader of The World, Rev. A. J. Carrick, of Cleveland, Minn., suggests that we open a Social Purity department. He makes this suggestion because physicians are more able to speak on this question than any other class. They have a greater knowledge of the amount of adultery, fornication, masturbation, etc., practiced, than any other class, and the sad consequences. He further says: "The various professions ought not to be divorced as they are. The ministry, medical, legal and all other professions ought by all means to be more in harmony than they are. All ought to work together for the suppression of crimes of whatever nature. This would necessitate the exchange of ideas, the throwing open of secret chambers."

This is a good suggestion. It is the duty of every profession to endeavor to uplift the race. The better each profession understands the peculiar line of work of the other, the better each can cooperate with the others.

A LAY friend, a gentleman of high moral standard and great intellectual ability, happened to see a copy of January WORLD. He thinks we have taken a much-needed step, and he takes the medical profession generally to task for not doing more for the physical improvement of the race. The following are quotations from the letter:

"Some people should be saved from themselves, or in spite of themselves. The idea of syphilitics, consumptives and weak-minded people marrying and bringing new souls into existence, is disgusting, horrible! And yet your profession does not sound a warning note. The idea of clergymen uniting in marriage anything and everything that can pay a fee, is repellant, yet the cloth loses sight of the eternal fitness of things, relying in 'divine approbation.' Sara Grand, in 'The Heavenly Twins,' made a bold dash in suggesting that *doctors* do the marrying, instead of the preachers. It caused many people to think, for it is in the line of scientific development."

"Anatomy and physiology as now taught taboo the most important organs of the body, and children are allowed to learn all they ever know of them from vicious associates. I contend that in every school there should be a school physician, paid as teachers are, he to look after the development of the physique, while the teacher trains the mind. He could instruct in mixed classes, in classes of one sex at a time, or individually, and in time the pupils would be thoroughly instructed on this very important subject, and they would no longer consider the noblest function of man—procreation—as something *nasty!* We teach them all about the propagation of flowers, birds, etc., but carefully hide from them any knowledge of *human* propagation. Why? My work on this line is bearing fruit. The system is discussed and recommended *here*, and I see a girls' school in Philadelphia now has a lady physician. You can see how the evils of self-abuse would be reduced to a minimum. Parents are no more fit to develop the *body* of a child than they are to develop the *mind*."

Pregnancy in Bright's Disease.

Editor MEDICAL WORLD:—Mrs. K., age 43 years, mother of ten children. Three years ago put under advisement for Bright's disease. Conception ocurred. Three weeks prior to confinement she had persistent hematuria, edema of extremities and face, vision impaired, and tendency to mania.

Delivery in due time, face and feet presenting. Child delivered under chloroform, a fully adherent placenta removed. Now three weeks after, mind clear, urine clear, sight improving. I omit all details of treatment, but would query: Did not this persistent hemorrhage save this albuminous woman's life?

San Saba, Tex. N. KETCHUM, M.D.

Digitized by Google

Rhus Toxicodendron.

Editor MEDICAL WORLD :—In reply to Dr. Planck's inquiry, October MEDICAL WORLD, page 391, I offer the following :

Case I. Mr. P., aged 36, laborer ; sharp pain in head over left eye ; pointed tongue, papillae prominent on upper surface and tip.

R. Specific rhus gtt. x, aqua oz. iv; teaspoonful every hour.

Case II. Mrs. S., aged 48 ; erythematous blotches over entire body, extremely susceptible to noise, burning and itching of skin, tongue pointed, papillae prominent, pulse quick, pinched appearance about the eyes, pain in left frontal region.

R. Specific rhus gtt. x, aquae iv ; teaspoonful every hour.

Case III. Miss B., aged 3 years ; wakes startled in sleep, screams out, nervous ; complains of itching and burning of skin ; pointed, strawberry tongue ; eruption of small vesicles filled with watery fluid, sharp stroke of pulse, fissures behind ears, burning eyes.

R. First decimal dilution rhus gtt. x to dr. i, aquae oz. iv; teaspoonful every hour.

In fact I use rhus in almost all diseases of skin, including erysipelas ; and with above symptoms I have never been disappointed. I use Specific rhus manufactured by Lloyd Bros., Cincinnatti, O.

Upshur, O. C. W. CONLEY, M. D.

Dr. Bryan, of New York city, sends the following "new" features :

1. Eclectic medication.
2. Treatment for gonorrhea.
3. Economic co-operation.

I. Did you ever think of the fact that every practicing physician is an eclectic? Eclectic means to choose the best. Every practitioner chooses the best in his knowledge, or should do so, for each particular patient. The school called "Eclectic" has developed some very valuable facts, particularly in connection with the use of American plants in medicine. Yes, let us have some "eclectic medication."

II. The treatment of gonorrhea has never been satisfactory. We do hope that some one will do for this disease what Dr. Woodbridge seems to be doing for typhoid fever, and antitoxin for diphtheria.

III. Economic co-operation. By all means. A nation is, or should be, a vast co-operative enterprise. We are yet in embryo. We are as yet working too much for self, on individual lines. We now have the army, navy (they are the national police, just as each locality has its local police), the rendering of justice, highways (wagon roads, but not railroads), education, postal service, and many other things already on a co-operative basis ; we want to add the telegraph, all banking, railroads, etc., as rapidly as we can. We want our public concerns, as telegraph, banking, transportation, etc., operated for the public service at cost, and not for private profit.

Dr. Cline's Case of Adherent Placenta.

THE patient made a good recovery, and is up and out. Page 35, Jan. WORLD.

Woodstock, Va. W. S. CLINE.

Later.

Dear Dr. Taylor :—My case of adherent placenta is out and around all the time. The attachment in the first confinement was so tight it seemed a part of the womb. I had to scratch out what I got away. The second was even worse, and having been criticised for not curetting after the first confinement, I asked for assistance in the second to show that I was correct. In the same month of the first confinement a lady died from curetting. I desired to keep down inflammation. I used four Seiler's tablets to a quart of water, thrown into the womb every four hours.

Woodstock, Va. W. S. CLINE.

How to Act on Special Organs--Cheap Liniments, Etc.

Editor MEDICAL WORLD :—In renewing my subscription, I have thought to write you an approval of your course in conducting the magazine, and more particularly to lend my endorsement to your political articles, which I consider far better and more to the point than the articles of paid writers of our large dailies and weeklies, which endorse a party, no matter what becomes of a people, and only change when forced to it by public opinion.

I also offer a suggestion or two. Let the attention of the readers of your magazine be given to the best means to produce results on special organs ; for example, to check vomiting ; to produce

Digitized by Google

vomiting; to check the flow of water through the kidneys; to produce a flow of water from the kidneys; to move the bowels, as a whole; to check the bowels, as a whole; to excite an action of the skin; to check an action of the skin, etc. For instance;

In a case of obstinate vomiting in a woman with a uterine disease and a low fever, after using a great many remedies,

R	Bismuth subnit . .	gr. ij
	Cerium oxalate . .	gr. ij
	Cocaine	gr. 1-12

every hour, relieved in one day, and ultimately enabled enough medicines to be administered to cure.

Sometimes the organs are difficult to control, and all our most trusted agents fail. Then a list of what helped others becomes of value. For instance, obstinate night sweats, diarrheas of years' standing, etc. We have all had them, all cured them, all failed to cure.

Let me give another instance. A child swollen all over the body—dropsy. No water passing for a week; obstinate vomiting; cause unknown; perhaps scarlet fever in the blood, not developed; or a sequala; diphtheria followed by nephritis. No matter what the cause, you must relieve it.

R	Calomel . . .	gr. 1-10
	Soda . . .	gr. 1-10
	Sugar of milk . .	gr 8-10

Every hour until nausea ceases; use larger doses if necessary. Follow with saturated solution of Epsom salts, every hour until bowels start, aiding by injections. Then diuretics: juniper seed, colchicum seed, squill, digitalis, acetate of potassa, tinctured in spirits of nitre, given in doses to suit age of patient. Then repeat the calomel powders and salts as before, with tonics and stimulants; or infusion of juniper seed used freely, and baths in infusion of pine tops daily, where they can be obtained.

Let everybody that knows a good, *cheap* remedy spread it abroad. The people are growing poorer and poorer every year; the doctors, also. Remedies at one dollar or more per ounce, are out of reach of both patient and doctor. What shall we do to replace them? Our protection laws pour money into the hands of a lot of foreigners at our expense. For instance, phenacetine sells here at $1.40 per ounce. Canadian phenacetine sells in Buffalo at 40c. per ounce. "The foreigner pays the tax!"

A good cheap, external application is:

Camphor - - - -	oz. i
Oil rosemary - - -	dr. iii
Oil origanum - - -	dr. ii
Aqua ammonia fort. - -	oz. i
Tr. tobacco - - -	pints 1½.

Mix. Belladonna leaves can be used in place of tobacco, and lard oil, or shaved oil soap will thicken. Another still cheaper is:

Vinegar - -	} of each ½ pint
Turpentine -	
Yolk of two eggs.	

Mix. Bathe a swollen painful part in either of the above before a fire twice daily.

J. A. ELLIOTT, M. D.
Northumberland, Pa.

[Equal parts of coal oil, spirits of turpentine and spirits of camphor makes a good and cheap liniment for general use.

The remedies in the above article are perhaps all right, but it is not well to take a superficial, symtomatic view of a case. Search deeply for the cause, and then you will feel that you have command of the situation; but do not allow thoughts on pathology to take your attention from practical therapeutics. Some deep pathologists are poor practitioners. But you must be something of a pathologist, or you cannot be an intelligent practitioner.—Ed.]

Dr. E. J. Yager, of Graysville, Md., wishes to congratulate Dr. Mayer upon his raid on "diploma mills," and thinks that none should be allowed to compete with us in the practice of medicine except those who have given their time and labor to study and research, just as we have. He also endorses Dr. Jones' remarks on ergot in obstetrics. He says:

"I have been in continuous practice for 20 years and have attended 600 women in lying-in room, and have not had a case either of puerperal fever or uterine displacement in my own practice. In all of these cases I have strictly avoided ergot during labor. I am a friend to ergot, but not in labor. I fear that in some cases the violent contractions induced by ergot has led to rupture of the uterus."

He uses chloroform in labor, as well

Digitized by Google

as in painful operations, and says: "I have but one index of safety in the administration of chloroform, and that is the pupil of the eye. So long as it is contracted there is no danger. At least this has been my experience."

Figure-of-eight bandage and axillary ball are the best means he knows of for adjusting broken clavicle.

A PRACTITIONER in full practice must take things as they come, which may require skillful attention to a dozen or more distinct classes of cases per day. Therefore, a medical magazine should and usually does consist of reports upon various topics in medicine. Yet one's real progress in his profession is the result of special and serious attention to a single subject at a time. It is our policy to discuss as far as possible the diseases prevalent at the time of issue. For example, in last issue large attention was given to antitoxin in diphtheria (although, unfortunately, diphtheria is not confined to one season of the year), and in this issue pneumonia and typhoid fever are the predominant topics. For March issue let us have specially your thoughts on the troubles that you find most prevalent in early spring; rheumatism will be one of these.

But do not be deterred by the above from expressing yourself upon any topic upon which you really have something to say. By saying it through THE WORLD, you say it to the whole country.

Phthisis

R	Mass petrolei	. .	oz. iv.
	Creasoti opt.	. .	dr. iiss.
	Ovi vitellus	. .	ij.
	Syrup. simp.	. .	oz. iss.
	Spiritus frumenti, to make		Oss.

M. Sig.: A dessertspoonful in a gill of sweet milk at 8, 12, 4 and 8 o'clock daily.—DR. C. H. WILKINSON of Galveston, Texas, in the *Texas Medical Journal.*

Yes, we still send WORLD and Medical Council both for $1.75 per year. Also WORLD and Alkaloidal Clinic for $1 75; WORLD and Hypnotic Magazine with a book on Hypnotism as a premium for $1.75; any three for $2 75; all four for $3.75. New subscribers to Clinic get a nine vial pocket case, filled, as a premium.

Quiz Department.

Questions are solicited for this column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication) will not be noticed.

The great number of requests for private answers, for the information and benefit of the writer, makes it necessary for us to charge a fee for the time required. This fee will be from one to five dollars, according to the amount of research and writing required.

Tic-Douloureux.

Editor MEDICAL WORLD:—Can you tell me what to do to alleviate or eradicate the cruel spasmodic pains of tic-douloureux? Never had twinge of it till six years ago last December (age 52). It began gradually in my left cheek. At times the pain has been very severe, nearly driving me frantic. Eating, talking or even touching my moustache would send the shooting, lacerating pains through my left cheek, eye and temple. Last season, from May to September, I was entirely free from it for the first time since it appeared. Was in hopes the freedom would prove permanent. It began slowly creeping on again in September. It has not been as severe this season as in some years in the past. Drug treatment has not brought the desired relief. It seems to yield to nothing excepting "old Father Time." I am aware the removal of the nerve sometime effects a permanent cure. I hesitate to resort to the knife. Perhaps you can suggest something that may relieve me.

H. C. DODGE.

West Medford, Mass.

[This case was submitted to Dr. H. C. Wood, of the University of Pennsylvania, who said at once: "The doctor should go to a warm, equable climate: as Southern California. Possibly, a hot climate may be necessary." He does not recommend the knife for this case.—Ed.]

Writer's Cramp.

Editor MEDICAL WORLD:—Can you, or any of your readers, suggest a reliable treatment for writer's cramp? I have a case in the incipient stage, occurring in a young lady.

C. FITZ-HENRY CAMPBELL.

Spring Hill, N. S., Can.

[Dr. H. C. Wood was consulted in regard to above, and says: "Nothing but

rest will do any permanent good. You might as well try to cure a fractured leg with the man walking around, as to try to cure writer's cramp without rest. Massage and electricity may do good temporarily, but rest is necessary to cure."]

Tachycardia.

Editor MEDICAL WORLD:—Will you allow me, through THE WORLD, to submit for treatment a case of tachycardia? The patient is otherwise healthy, is a strong, hard-working temperate man of 38 years of age. Since he was 13 years old he has had attacks at intervals of from four months to two or three years, and lasting from three to ten hours, during which the heart beats so rapidly that it is almost impossible to count the pulse. The attacks appear suddenly without any known exciting cause, and are unattended by pain or very distressed breathing. I have tried inhalation of chloroform, hypodemic injection of morph. et atrop., ordinary cardiac remedies, cold water and strong coffee, without the least effect. Will some one tell me what I can do to relieve my patient during these attacks, or cure the case?

Ashland, Wis. A. P. ANDRUS.

Editor MEDICAL WORLD:—The prescription of H. P. Monroe, M.D., on page 23, January WORLD, seems very indefinite. Does he mean by weight or by measure? From 6 to 10 per cent. of tannic acid would be more than double 6 to 10 per cent. of boracic acid by weight, the former being much more bulky. Would not a very small quantity of permanganate of potassium improve the suppository? as it has a very marked effect upon the germs of gonorrhea. Will Dr. M. give his prescription in drams and grains, making quantities definite? So many drams of cocoa butter and so many grains of each acid to make one dozen supposotories.

S. E. ROOT, M. D.

Rochester, N. H.

Editor MEDICAL WORLD:—Since the days of influenza (la grippe) has the wine juice or bloody sputa ceased to be pathognomonic of pneumonia?

Amity, Ark. J. H. C. KING, M. D.

[I guess not.—Ed.]

WOULD you kindly inform one in the MEDICAL WORLD the best way of removing nevus, or wine mark, other than by electrolysis, as I have a case where the mark is too near the eye to use electric needles? C. WITNEY.

Santa Cruz, Cal.

I should like very much to hear from some of THE WORLD readers on obstruction and invagination of the bowels in young children, as two such cases came under my observation during the past summer, both of which proved fatal.

Homer, Neb. D. B. STIDWORTHY.

Have you ever known or heard of a case of extra-interine pregnacy in the lower animals? It is thought that they never occur.

FORMULA for "Ka-ton-ka" is asked for. Also for "Balard's Snow Liniment."

Current Medical Thought

Certain Test for Typhoid.

Little is now spoken of in the realm of bacteriology as being impossible or beyond the reach of science, but the latest discovery in that branch of medicine has aroused the whole profession and set every important laboratory in the country at work. It is of far more interest to the world at large than most scientific discoveries seem, for it is of immediate benefit to the public, and the new knowledge can at once be put to practical uses. What has been found in brief, is a test for the early diagnosing of typhoid fever, the disease that so frequently baffles physicians, and is often not recognized as typhoid until it is well advanced.

The new test, known as the blood test, has never once failed in the hundreds of experiments made in this country and abroad, and now is an accepted scientific fact. Within the last few days the bacteriological laboratory of the Board of Health of this city has set the seal of confirmation on this new system of typhoid diagnosis by announcing that they have made this fall more than 160 tests, and all with success.

In all these experiments typhoid, if

there be typhoid, shows out clearly and unmistakably. So far as this city is concerned, the practical advantages of the discovery are that the blood of any suspected typhoid case will be examined by bacteriologists of the Health Board, and a report on it made at once. The tests take only a few moments, and the matter has been so simplified that it is now possible for a doctor to send down a drop of dried blood on a card and have it examined.

Doctors, for years past, have talked about "typhoid symptoms," and many treatises have been written explaining and expounding them. Many of these symptoms are so marked and so important that they have been called "characteristic." But the entire medical profession has always found that these symptoms were only of value when a great number of them were present at once. One, two or three might occur, and yet another and totally different disease develop.

For example, "rose spots" is one of the most important symptoms, but it is absent in fully thirty per cent. of typhoid cases, and seldom appears in any event until the eighth or the tenth day of the disease. Enlargement of the spleen is another symptom, but this exists also in malaria and miliary tuberculosis.

And so the symptoms run. Taken singly it will be seen they are of little value, and thus diagnosis and treatment have frequently had to be delayed day after day.

The new test in detail is beautifully simple. From a complicated scientific process it is reduced to a few movements of the hand of an expert bacteriologist, and all is done. The drop of dried blood taken from the lobe of the ear or the tip of the finger of a suspected typhoid patient and sent to the laboratory on a card is mixed with sterilized water and a fraction of it put upon a microscopic slide. To this a drop or a portion of a drop, of pure typhoid culture is added. This typhoid culture is part and portion of a laboratory's outfit nowadays, and has been ever since this discovery was made. The slide is then put under the microscope.

Now, as all these experiments have proved, one of two things will happen. Either the typhoid germ existed in that portion of the drop of blood mixed with the typhoid culture or it did not. No ordinary microscopic investigation can tell anything conclusive about that drop of blood unmixed. But—and this is one of the mysteries of science—as soon as the mixture on the slide is brought within the field of vision and the bacteriologist can distinctly see it, the bacilli of typhoid already existing in the typhoid culture either move about as before or there is a cessation of the rush to and fro of these minute bodies and an agglutination or concentration of the organisms into large clusters.

If the bacilli move and keep separate there is no typhoid in the blood of the person under examination. If the bacilli cluster and stay quiet typhoid exists, or else has existed in the system within six years, a matter which can be very easily learned from the patient himself.

No febrile diseases, no malaria or any other malady in the blood will cause this concentration of bacilli. This the experiments have conclusively established. The test is therefore absolute.

The discovery was originally made by Robert Pfeiffer, of Berlin, Koch's assistant, in the fall of 1894, but he kept the secret to himself for many months, and it was not until late in 1895 that other European scientists were working actively on it. Gruber and Durham, in Berlin, confirmed Pfeiffer, Gruber much simplifying the process. Widal, in Paris, made at the same time a series of important experiments, writing at length regarding their success in the spring of this year, and Bordet published an article retailing the history of what had been done.

Widal's process was much simpler than either Pfeiffer's or Gruber's, but it remained for a Canadian, Wyatt Johnson, of Montreal, bacteriologist to the Board of Health there, to devise a test along the same scientific lines, but so simple that it could readily be put into operation and results obtained quickly.

This process he described in a paper read in October, and it is this that has been taken up so generally and speedily, and has just been described as being in use in New York and elsewhere.—*N. Y. Public Health Jour.*

Digitized by Google

New Treatment for Tapeworm.

Dr. Newington (*Medical Times and Hospital Gazette*), gave the following for another disorder and found that the patient passed a dead tapeworm eleven feet long, of whose presence he, as well the physician, was ignorant:

R.	Potass. hydriodat. .	gr. xxxvi
	Iodi	gr. vij
	Aquæ	f. oz.

Ten drops in water three times daily.

The same combination was then tried in three cases in which the parisite was known to be present and in each case it acted equally well. In still another case, which had resisted all previous attempts, the patient passed a mass of dead tapeworm and for a year had no return.—*Col. and Clin. Rec.*

Water.

Drugs, drugs, drugs, seem to be the chief inspiration in the life-work of too many men. Hydropathy has been a wonderful service to humanity. We can appreciate the necessity of water when we remember that 75 per cent. of our body is made up of water. It is just as important as the solids in life's conditions. The demands for water are affected by the amount of muscular exercise, and the degree of temperature to which the body is exposed. For an irritated stomach or bilious colic nothing is superior to liberal quantities of hot water. For "a night out" two or three cups of hot water along with a cup or two of hot coffee nothing is superior. It soothes the nervous system if you will abstain from food a few hours.

We need water for nutrition, but also as well, and more important, for a proper elimination. Water taken freely acts as a purifier of the system, both by flushing and by its solvent action. The majority of people drink too little water. I would highly advise training children to drink more water. It is a most important agent in improving the complexion. Medicine should be given in large quantities of water. In typhoid fever I insist upon free drinking of pure water. No solvent will act better in removing uric acid from the system, and the only pure water is distilled water.

Copious draughts of water for its stimulative effect or the reduction of temperature has been used in many years. The hot pack in convulsions of children is often misused. Better to begin with a tepid heat and add cold water gradually. Hot water locally in inflammatory conditions is most excellent.

Often I have thought the surgeon's knife might be laid aside if we knew how to use water. A large number of the cases of appendicitis, in my opinion, might be relieved by a thorough washing out of the bowel.—DR. I. N. LOVE, in *Col. Clin. Rec.*

Treatment of Syphilis.

Abstract of Clinical Lecture Delivered at the New York School of Clinical Medicine, November 25, 1896.

A careful consideration and trial of the various methods of treating the syphilodermata has led me to the following conclusion:

1. In the primary stage, when only the chancre is present, no general treatment; calomel locally.

2. As soon as the secondary period sets in, as shown by the general adenopathy, angina, and eruption, the internal treatment for mild cases should be ¼ to ¾ of a grain of the proto-iodide of mercury, t. i. d., continued for three months, or until the symptoms disappear. In severer cases, with pustular eruptions, severe anginas, persistent headaches, etc., a course of six to ten intra-muscular injections of 10 per cent. calomel-albolene suspension, 5 to 10 minims, at intervals of five to fifteen days, should be employed.

3. After completion of the course and cessation of the symptoms, employ tonics, etc., without specific treatment, for three months.

4. Thereupon a second calomel course as above, plus a small dose (15 grains) of iodide of potassium in milk after meals. This is to be given whether later secondary symptoms of the skin and mucosae appear or not.

5. Second intermission of treatment, lasting three to six months, according to the presence or absence of symptoms.

6. In the second year, if tertiary lesions marked by deeper and more localized ulceration are present, give the iodide of potassium, increasing doses 60 to 600 grains daily, as may be necessary.

Digitized by Google

Combine with it occasional courses of calomel injections. If no lesions appear, give a mild course of both.

The best local treatment of the syphilodermata is with the mercurial plaster-mull.

Condensed Facts for the General Practitioner.

General practitioners desiring to use electricity in their practice, but possessing practically no knowledge of electrotherapeutics, will do well to read, study *and learn* the following points:

The faradic or interrupted current cures disease mainly through physiological and mechanical processes, producing no appreciable chemical effect in the tissues.

In each faradic battery there should be two coils—primary and secondary.

The current from the primary coil has greater quantity and produces greater mechanical effects, but lacks penetrating power, and is more useful in superficial troubles, particularly where mechanical effects are desired.

It is also of great service in internal treatments for many vaginal and uterine diseases.

In the primary current there is some difference in polarity, the positive pole producing greater sedation and the negative pole greater stimulation.

The secondary coil produces a current having much greater penetrating power than the primary current.

It will more easily overcome resistance on account of its greater tension, and is to be preferred to the primary current in treating deeply-seated conditions.

There is no appreciable difference in polarity in the current from the secondary coil.

The current from the secondary coil is much more pleasant in its effect, particularly to nervous subjects.

In the direct galvanic current there are no interruptions to the current as in the faradic.

The galvanic current produces chemical effects in the tissues as well as physiological and mechanical effects.

There is no sensation to the current beyond a feeling of numbness and burning beneath the electrodes.

In general terms, it may be stated that the faradic current is to be preferred in muscular troubles and the galvanic in nervous diseases.

The galvanic current will produce a greater degree of sedation or stimulation.

The galvanic current should be used to stimulate the absorbents, to remove effusions, morbid growths, callosities, tumors, facial blemishes, superfluous hairs, etc. In these conditions the faradic current is practually powerless.

The positive pole of the galvanic current is much more sedative and the negative pole much more irritating and stimulating.

Electrolysis and cataphoresis can only be used with the galvanic current.

To produce the most pronounced sedative effect and allay irritability make stabile applications of the positive pole, galvanic current.

To produce the most marked irritation, use the negative pole of the galvanic battery or reverse the polarity frequently.

Electricity has a decided, refreshing and soothing effect upon the entire nervous system, and is of great service in nearly all nervous diseases.

Either faradic or galvanic current will equalize the circulation, increase the flow of blood to the surface and extremities, and improve nutrition and assimilation.—*Electro-Therapeutist.*

Case of Painless Labor. Had Squaw Root Tea Anything to do with it?

Dr. R. M. Lutton, Grand Rapids, Mich., reports (Medical Counselor, November, 1896), that he was called at night to attend a case of labor. While getting ready to go, he asked the husband if his wife was having considerable pain. He replied she was in no pain whatever. After arriving at the residence, he found, on examination, a normal case—membranes ruptured and labor progessing nicely. In just twenty minutes the child was born; the afterbirth came all right. This was the patient's first born. But the remarkable feature of the case was that she had no pains nor pain from first to last—not the slightest. She stated that she had been drinking "squaw-root tea" for four or five months. She had gathered the fresh roots in the woods, and steeped them in water, and had taken a drink of this tea twice a day.—*Va. Med. Semi-Mo.*

Digitized by Google

Class-Room Notes,

(From Dunglison's College and Clinical Record.)

In Leucorrhea with accompanying anemia the following prescription is recommended by Prof. Hare:

R. Acid. arsenosi, - - gr. ½
Ferri redacti, - - gr. v
Quininae sulph., - - dr. j. M.
Ft. pil. xx.
SIG.—One pill three times a day after meals

A dusting powder of starch and boric and salicylic acids is useful in conditions of Increased Production of Sweat, as follows:

R. Pulv. acid. salicylici, gr. x-xx
Pulv. acid. borici, - dr. ij,
Pulv. amyli, - - dr. vj. M.
—*Stelwagon.*

After Labor Complicated with Placenta Previa, the tincture of the chloride of iron in doses not exceeding ten drops, well diluted, may be given with advantage. The following is also a useful prescription:

Tartrate of iron and potassium, gr. 60
Extract nux vomica, - - gr. 3
Scale pepsin, - - - gr. 30
In 30 capsules, one four times daily, with food.
—*E. P. Davis.*

Diseases of the Cornea, especially ulcerations, are apt to arise from faulty teeth, or from any diseased condition of the mucous membranes about the head. Such conditions should be carefully examined for. If the patient is strumous, cod-liver oil and allied tonics are indicated as constitutional treatment.—*De Schweinitz.*

The following is a reliable antipruritic application:

R. Acidi carbolici, . . dr. j–iij
Glycerini, . . . dr. ij
Alcoholis, . . . oz. ij
Aquae, . . . q. s. ad Oj. M.
—*Stelwagon.*

In Myalgia, massage is always good treatment. The following may also be used, well rubbed in:

R. Tinc. belladonnae, . . dr. j
Tinc. aconiti, . . . dr. ij
Tinc opii, . . . dr. ij
Liniment, saponis, q. s. ad oz vj. M.
Sig.—Poison. To be used externally only.
—*Hare.*

In the treatment of Syphilitic Plastic Iritis, where quinine is desired in addition to the specific treatment, the following is useful:

Sulphate of quinine, . gr. 2
Protodide of mercury, . gr. ½–¼
Ext. of hyoscyamus, . gr. ½.
De Schweinitz.

The subjective symptoms of Urticaria may be greatly relieved by applying the following as a lotion:

R. Acidi carbolici, . . . dr. j–iij
Acidi borici, . . . dr. iv
Glycerini, . . . oz. ij
Aquae, ... oz. xiv. M.
—*Stelwagon.*

If a Burn is not very diffuse, a solution of the tincture of cantharides, one part to 40, upon a cloth, is said to relieve pain and aid in healing. But if the burn be extensive this treatment is contraindicated because of its effect upon the kidneys, already overtaxed by the interference with the functions of the skin.

—*Hare.*

The Treatment of Warty Growths of the Genitals.

William S. Gottheil, of New York, in a paper on Epithelioma of the Penis read before the Society for Medical Progress, November 14, 1896, concluded as follows (International Journal of Surgery, January, 1897):

1. Warty growths of the genitals, more especially in the male, are always to be suspected of malignancy, no matter how innocent they seem.

2. They should be either left entirely alone, or be thoroughly removed by knife or cautery.

3. Imperfect attempts at destruction, as with nitrate of silver, carbolic acid, etc., are especially to be avoided; there being many cases recorded in which they have apparently stimulated a benign growth into malignant action.

ONE of our subscribers writes that he takes 23 medical journals, but likes THE WORLD best of all. Follow the Doctor's example, and take "lots" of journals. They are good and cheap. Don't let the trifling price stand in the way when you see what you want. Don't say you have too many already. Is there anything you buy that is as large value for the price as a yearly subscriptiou to a magazine like THE MEDICAL WORLD, for example? Don't try to "skimp" or economize in this direction. It won't pay.

Digitized by Google

Our Monthly Talk.

ONE letter can change the meaning of an entire sentence; for example, on page 38 of January WORLD occurs this sentence: "In every civilized country on the globe, except Bolivia, Cyprus, Honduras, Cuba, Hawaii and the United States, the telegraph is owned and operated by the government as a part of the postal system, and with entire sucess." In some of the first copies printed, before the error was corrected, it read "If every civilized country, etc.," the use of f for n changing the entire meaning. If you received one of these copies, take a pencil and change the f to n.

GOLD is considered the most desirable possession in the world. The reason for this is plain. The English government says that a pound sterling shall consist of so many grains of gold; and with these pounds, debts can be paid and any kind of property can be purchased. So the English law gives to gold the command of every kind of property and obligation. This is a high favor to give to any one product, but the English law does it, some other countries do it, and a certain class of citizens want this country to do the same. So, at present, gold is the most desirable material possession. But there are some things better than gold, and I received one of them to-day (Jan. 4). I received from Hon. Albert Griffin, of Topeka, Kan., a handsomly bound volume of his book "Bimetalism—Protection—Republicanism," with the following inscription on one of the blank leaves in front:

"Besides presenting this book to my highly esteemed personal friend, Dr. C. F. Taylor, editor of THE MEDICAL WORLD, Philadelphia, Pa., I wish to state that, in Kansas, no other educated class so generally supported Mr. Bryan for President as did the medical fraternity. Having noticed this fact early in the campaign, I therefore made special inquiry wherever I traveled, and found ample evidence that it was Dr. Taylor's able and fearlessly expressed articles on financial matters published in his magazine that had set them to thinking and nerved them to act. May he live long to bless his race.

ALBERT GRIFFIN.

Topeka, Kan., Dec. 30, 1896."

The inscription is the part that is better than gold—or silver either. It makes me feel that I have been doing some good; and it encourages me to push on with the good work. However, I do not measure the result by the number of votes cast for any particular man at any particular time, but by the greater fact that I am helping physicians to realize that in a government like ours they have a vital interest in the way it should be conducted. It is their duty to themselves, to their families and to the community, to study the principles of economic justice, and to instruct the people therein. To be a good physician is a great thing; but that alone is not enough. However accomplished as a physician one may be, if he is not a good citizen he is not a complete man. By "good citizen" I mean one who takes a reasonably active part in the proper government of his community, his State and Nation. It is absolutely necessary that the intelligent classes do this, for, by neglect, we see what condition we have gotten into. A few thousand families own by far the greater part of the wealth of this country; corporations, trusts and monopolies rule with an iron hand, corrupting public officers and impoverishing the masses of the people; and, when the massses are unable to pay for medical services, the physician's income is seriously impaired. This is the special reason why these questions are taken up in these pages.

WE have recently had a number of checks and drafts returned unpaid. Reason, bank broken. In these cases, of course, the sender has to pay a second time. If we had Government banks these losses would not occur. We have never known a dollar to be lost by the post office money-order system. In order to guarantee safety (a very reasonable requirement), the editor of the Chicago *Express*, and Mr. Thos. E. Hill, author of *Hill's Manual*, suggest that banks give bonds to secure deposits. If we cannot get Government banks, this is the next best thing to do. They suggest the following form of petition, to be presented to the legislatures of all the States:

A PETITION.—To secure depositors, in banks, against loss.

To the Honorable Members of the Senate and House of Representatives in Legislature Assembled in the State of———.

It is a fact that bank failures cause a direct loss to depositors of money in banks of many millions of dollars in the United States every year.

These numerous failures cause financial panics which result in the shutting down of business, throwing great multitudes of people into idleness, and compelling the sale of property at a great sacrifice.

These immense losses to the common people, by bank failures, cause such distrust of banks as to induce the people generally to hide their money, thus withdrawing it from circulation, which results in scarcity of money, excessively high interest, and the suppression of business.

The hiding of money on the person and about the home, through distrust of banks, makes continual temptation to footpads and robbers, and hence the era of crime in which no property or life is safe.

As this crime, impoverishment and great distress come from losses through bank failures and consequent loss of confidence in monetary conditions, and as we believe some action should be taken to relieve the worthy bank of

Digitized by Google

suspicion, we, the undersigned, petition you to enact such law as will require that the banker give bond that people shall not lose the money which they deposit in banks.

Better cut this out and send it to your representative in the Legislature of your State, and ask him to introduce a bill to this effect. See that your representative in the Legislature also presents a bill for direct legislation in your State. We want government by the people direct. We are tired of government by the banks and banking interests.

MR. EDWARD T. HEYN, of New York City, contributes an exhaustive and convincing article to the November issue of the *Annals of the American Academy of Political and Social Science* on "Postal Savings Banks." The following are a few of the facts cited:

"Hon. C. S. Fairchild, Assistant Secretary of the Treasury under President Harrison, said that while Attorney-General of New York he was compelled to wind up the affairs of twenty-two savings banks, with the loss to the depositors of $4,000,000. He became convinced that the professed guardianship exercised by the State over these banks amounts to nothing. The depositors were really without protection against the dishonesty of the bank officers. Three out of every eight of the savings banks of Maine suspended between the years of 1872 to 1879, and in the State of New York twenty-two banks failed with a capital of $4,475,661. One hundred and seventeen banks, brokers, savings banks and trust companies failed during the year ending June 30, 1891, having liabilities of over $38,000,000 and assets of over $20,000,000. During the three years prior to January, 1891, the failure of State savings banks and private banks in twenty-three States numbered 210, with losses amounting to over $32,000,000. The losses in the same year in Ohio and Illinois, through the failure of State, savings and private banks, aggregated over $8,000,000; number of banks in existence in the last year was 12,666; the number of failures was seventy-nine, and the percentage of failures 0.62, with assets amounting to $6,125,189, and liabilities to $11,024,628."

Postal savings banks have been established in nearly every leading country of the world except ours. In every instance they are highly successful and a boon to both the people and the Government. Rich men invest their money in United States bonds for safety and interest, and if a few of them combine and establish a national bank, they can deposit their bonds with the Government (storage free, no insurance necessary) and get back 90 per cent. of the face value in national bank notes which they can loan out and still continue to draw interest on the bonds, thus getting double interest. If the Government does this for rich men, it should establish postal savings banks to provide security for the savings of the poor. Write to your Congressman and United States Senators to favor this class of legislation. We, the people, must urge it or it will not be done. We must undo the causes that have led to the creation of the "masses and the classes"—the privileged classes.

IT takes a long time to get a national law. Many state legislatures are now in session, and they can act much more quickly than Congress. Georgia has just enacted a stringent anti-trust law, and Indiana is about to do the same thing. Urge the physicians in your legislature to be on the alert. The national anti-trust law has been impotent in the hands of both a Republican (Harrison's) and a Democratic (Cleveland's) administration. But Georgia's law is being put into effective operation, and the people are already being freed from the domination of trusts in that state. Let all the other states follow the example of Georgia. Also, a state can require that banks within its borders give ample bonds to secure depositors. See that your legislature be urged to do this immediately, and put a stop to this miserable robbing of the people by the breaking of banks. This requirement is so reasonable, important and necessary that I do not see why it has not always been a part of legitimate banking.

IN the annual flood of letters that come to us from every part of the Union, there are many expressions to the Editor, which are always welcome. The largest expression this year was upon the question of whether or not a periodical should be stopped when the time paid for expires. The unanimous expression was in the affirmative, with one exception, which was noted last month.

The next to the largest expression was concerning "Our Monthly Talk." The enthusiasm in favor of it, and the urgent requests that it be continued, were very gratifying to me. But there are two sides. I think about four wished that it be discontinued, and I must be fair with the minority, however small. By far the best letter on this side I here present:

A SUGGESTION.

Editor MEDICAL WORLD:—A few days ago I received a communication from you requesting suggestions as to the improvement of THE MEDICAL WORLD. In your journalistic life you have received many flattering encomiums which were, no doubt, well deserved; but I take it that the highest and truest type of friendship is manifested by a kindly and judicious spirit of criticism. Not the carping, hypercritical sort, but the kind which endeavors to elevate and make more valuable that which already occupies a high altitude in our esteem.

With this latter spirit as the animus, and in conformity with your request, allow me to suggest the expurgation of the department devoted to politico-social topics from THE WORLD. It will be said these come in close touch with the physician's life, which is very

Digitized by Google

true, but many other topics might be classed in the same category and with equal propriety might be admitted. Then, were these heterogeneous subjects admitted we would have a journal that would be really kaleidoscopic in the variety and diversity of its contents.

If there be any who feel they have a self-imposed mission to perform in weaving into the complex social web of life the bright woof of Utopianism, let them promulgate their ideas through the many channels open solely for that purpose.

Let the columns of our medical journals be richly freighted with the medical pabulum that enables the eater thereof to be virile and herculean in the battle with the common adversary of man.

It certainly is a prostitution of one of the most noble and beneficent callings in which mankind is engaged to trail it through the slimy depths of politics.

During the last six months learned and erudite writers have given us to satiety dissertations upon capital, labor, monopolies and trusts, the gold and silver topics, and now that the election is over, let us gracefully accept the egis of the sovereign will of the people and allow the turbid political waters to settle. Can it not be that when we scan the pages of our favorite medical journal, we will be regaled solely with that which leads us to its perusal—a desire for medical truths? There are many intricate and perplexing things that daily confront the physician, and the columns now filled with what is considered correlative, if otherwise filled, might furnish the solution to one confused subject. Let us turn on the search-light of strictly medical investigation and observation, and in this way devote all our energies to illumine the many dark pathways in our medical pilgrimage.

L. B. ALLEN, M. D.

Humboldt, Neb., December 15, 1896.

I immediately wrote thanking the Doctor for his manly, frank and courteous letter, and promising that I would try to make room for it soon in this department. Justice demands that the minority or the opposition be given a fair and respectful hearing, and for this reason I publish the above letter. I tried to get it in last month, and had written about a page and a half in reply, but this I have decided not to publish. Is not this deparement itself a sufficient reply? A few years ago I agreed with the Doctor entirely; but these hard times have borne so heavily upon doctors that they cannot afford to be indifferent to remedies that they, as citizens, can greatly aid in bringing about. And whenever doctors are in need, THE MEDICAL WORLD will be with them, trying to aid in every legitimate way. Don't spurn politics when good or bad policies determine whether we shall have prosperity or adversity. If the "slimy depths of politics" are dirty, *clean them*. Doctors should be good at disinfecting. In his second paragraph I think the Doctor refers to the newspapers. If he knew to what extent they (particularly the metropolitan press) are influenced by the interests of the "classes," he would better appreciate these few pages every month, devoted to strict economic justice to all. If this could be accomplished there would be no more hard times for intelligent, sober and industrious physicians.

MANY were surprised at the calculation in my article entitled "An Honest Million," in WORLD for last May, showing that a man working every week day, beginning at the birth of Christ and continuing all these centuries, saving one dollar per day, would at the present time have only a little more than half a million of dollars. Now, let us put a dollar at work drawing interest at the same rate as our bonds, 4 per cent., interest payable quarterly, and see what the result is. Prof. H. C. Whitaker, of this city, kindly worked out the problem for me and here is his answer:

"Had one dollar been loaned on the first day of January, A. D. 1, interest being allowed at the rate of four per cent. per annum compounded quarterly, then 1896 years later—that is, on January 1st, 1896—the amount due would be $593,333,360,819,160,830,000,000,000,000,000, (593 nonillion dollars). If it were desired to pay this in gold 23.22 grains to the dollar, then taking spheres of pure gold the size of the earth, it would require 51,858.3 of them to pay the amount. A single sphere of gold to pay the debt would have a diameter of 294, 957 miles."

Just think of it. Over fifty thousand worlds, all pure gold, to pay for that dollar! Shall we now ask, which is accounted the most important in our civilization, the man or the dollar?

Here is the record of only one dollar, but it draws interest for a very long time. Now think of the many millons of our National bonded indebtedness, which, it seems, a certain class of people want to make perpetual. Further, our states, counties and municipalities have fallen into the bond habit. And, still further, our railroad bonds amount to more than all these combined, issued mostly on fictitious values, but the people have to pay interest on it all, in the form of exorbitant and ruinous transportation rates. The attempt has been made, and will be made again, to make all these payable in gold. In the light of the above calculation, the "goose that lays golden eggs" must retire to an insignificant place, and God must come forward and change the planets into gold to pay these bonds! Let us place high upon our banner this motto:

No More Bonds Forever! C. F. T.

☞ *In deference to the wishes of many subscribers, I have reprinted some of my articles on industrial and economic questions, and will send them to physicians on receipt of three cents per set. It is understood that everyone receiving these will pass them around among his patrons, and make efforts to have them published in the local paper. This last is specially important.*

C. F. T.

Digitized by Google

Wit and Wisdom.

CAN you afford to not have THE MEDICAL WORLD come to your desk every month? It is a capital pocket companion, for use when you are detained. Try it.

NOTICE posted up in Swiss pass: "No Echo to-day." The American tourist wonders if the operations of nature have gone on a strike. No, the fellow engaged to do the "echoing" was sick that day.

We take pleasure in calling attention to a very handsome pamphlet, presenting some practical and interesting facts concerning tongaline and the different troubles for which that remedy is intended, namely: rheumatism, neuralgia, nervous headache, la grippe, gout, sciatica and lumbago. The brochure is rendered most attractive by being embellished with original drawings, and also handsome photogravures of a number of eminent members of the medical profession now deceased. It is the aim of the publishers to mail a copy to every physician in the country, but any who fail to receive such can obtain one by applying to the Mellier Drug Company, St. Louis.

HAVE you patients who cannot take cod liver oil? Then go to the "marrow" of the problem by considering Carnogen (beneath Contents), which is made largely of marrow. Please do not neglect this.

IS pepsin falling into disuse? Is it because Caroid is so much better? Pepsin is applicable to only one class of foods, only in the stomach, and only in an acid medium. Caroid will digest all kinds of foods in all kinds of mediums; it begins its work as soon as it passes the lips, and continues all through the digestive tract as long as there is work to do. See title page, and write for further information.

HAVE you patients that cannot take iron? Or how about that chlorotic girl that the usual remedies fail to reach? Turn to Contents, then turn leaf and look at bottom of left-hand page. That will help you out.

WHAT is Terraline? It has now been before the profession seven years. A half-page advertisement in this issue will tell you what it is.

WHEN they ask what tonic they shall take, Teutonic will be the proper answer in a large number of cases. See advertisement in this issue.

IT is a question of clothes? E. O. Thompson is your man. He will send you samples and illustrations free. See his offer.

S. G. P. O. What does that mean? A column on another page will explain.

A postal card will bring to your desk Frye's Bulletin of Instruments. Why not have it? See his advertisement.

"PHYSICIAN AS A BUSINESS" are still going at half price, 50 cents. When they are gone you will want one. Same way with Skin Chart, 15 cents. See Order Blank.

IF you have no suppository machine, get Gibbs' Hollow Suppositories. You can easily put in them whatever you want.

IT never irritates when given hypodermically, nor nauseates when given by mouth. Sharp & Dohme's Ergotole.

SOME doctors are smart. They never look at the advertising pages. Don't need to. Too smart! Poor fellows; they don't know what they miss. A good picture of Dr. Waugh appears in the advertising pages of this issue. Dr. Abbot is publishing his book, soon to appear, and gives us the Doctor's picture, and information concerning the book.

DON'T pay book-binder's bills. Get WORLD Binder, only 35 cents (see Order Blank on page xx), equal to others sold at from 50 cents to 75 cents. Our Binder takes each WORLD as it comes, thus keeping them clean and all together in regular order.

WE have spent a delightful half hour reading a biography of Sir Astley Cooper, just received. The anecdotes of his early life are very amusing, and the peep into life, both medical and general, in England a century ago, is very interesting. Send a postal card to the Norwich Pharmacal Company, Norwich, N. Y,, mentioning this notice, and you will receive the biography free.

FRELIGH'S Tablets, Cough and Constituent, fill a needed want. I myself took the sample sent, and received undoubted benefit."

J. M. THOMPSON, M. D.

Kansas City, Kans.

IN over 40,000 cases of diphtheria where Mulford's Antitoxin was employed there was a mortality of less than 5 per cent. Mulford's Antitoxic Serum has withstood all tests, and it now ranks as the foremost serum for strength and reliability. Most recent brochure on diphtheria treatment free. H. K. Mulford Co., Philadelphia.

IT is surprising that petroleum oil with its positive antiseptic power, stimulant, antispasmodic, diaphoretic and expectorant properties, should not find more extensive use in medicine than is given to it. The great popular reputation which it enjoys as a healing agent for both internal and external use is well known. Do you use Angier's Petroleum Emulsion? If not, why not?

REFER your patients needing artificial limbs to Marks, the greatest in this line in the world. See adv. and send for catalogue.

YES, any kind of support you want for weak places. See Flavell's page.

ARE you satisfied with your visiting list? Why not try WORLD list? See Order Blank, page xx.

Digitized by Google

AMONG the replies to an advertisement of a music committee for an organist and music teacher, was the following one: "Gentlemen, I notice your advertisement for an organist and music teacher, either lady or gentleman. Having been both for several years I offer my services."

CHARLES MARCHAND did a great thing when he introduced peroxide of hydrogen to the medical profession. But his Hydrozone is still better. Do you use it? See opposite editorial page.

W. A. WARD, M. D., New Edinburg, Ark., says: I have used Aletris Cordial in threatened miscarriage, in several instances, with the best results; one case in particular, the lady was nervous temperament and very easily excited, but by giving Celerina combined with Aletris Cordial for a short time, she passed over it safely. I am of the opinion that any physician prescribing Aletris Cordial, in such cases as it is indicated, will not be disappointed in the result.

MULFORD'S Antitoxic Serum is preserved by the addition of 0.5 per cent. of Trickresol. This has proven by far the best preservative, creating no disturbances at the site of injection, and acting in no way as an irritant. Most recent brochure on diphtheria treatment free. H. K. Mulford Co., Philadelphia.

ON page 41, January WORLD, in speaking of that remarkable Hungarian bitter water, Apenta, we used the word "formula" instead of "analysis." This is a *natural* water, and the word "formula" does not apply to it. The analysis in January issue showed grains of the various constituents per gallon. The following shows parts per 1,000 as analyzed by Professor Dr. L. Liebermann, the Director of the Royal Hungarian Imperial Chemical Institute (Ministry of Agriculture):

Sulphate of magnesia	24.4968
Sulphate of soda	15.4320
Sulphate of lime	1.0989
Chloride of sodium	1.8720
Bicarbonate of lime	0.8843
Bicarbonate of protoxide of iron	0.0189
Silicic acid	0.0100

Besides these constituents, the water contains traces of lithia and potassia. The specific gravity, at 15° C., amounts to 1.0414.

BATTLE'S Bromidia is better than any similar preparation that a local druggist can make. We once saw on Mr. Battle's desk a lot of attempted imitations by local and dishonest druggists. A "hodge-podge" lot they were; all colors and consistencies. If you want certain and uniform results, you must have a reliable and uniform preparation. It pays to get the genuine.

SEE McKesson & Robbin's quarter page advertisement this month. They have never been with us before. Let us give them a hearty welcome.

AN editor of a Western paper recently printed this rather ambiguous announcement: "On account of lack of space, a number of deaths have been postponed."

DR. W. C. ABBOTT, editor of the *Alkaloidal Clinic*, writes: "I think the MEDICAL WORLD method of keeping accounts is the very best that I have ever seen, and I have looked over many, and I heartily congratulate you upon its conception."

ALWAYS look on page v to see what Messrs. Schieffelin are offering. Send for their literature.

HAVE you sent a postal to Messrs. William R. Warner & Co. for their Visiting Records, etc., "free to their doctor friends"? See bottom of their page, facing last page of reading.

Take an ordinary pill, place it on a soft pine board, and with a hammer you can drive it in the board like a bullet. Try it with one of Upjohn's Pills. At the first light stroke it crushes to a powder. Pressure under your thumb will reduce it to powder. Try it. Does this fact suggest anything to your mind? Which kind do you want to put into the stomachs of your patients?

A FAT baby or a lean baby, which? If it is fed upon Imperial Granum it will be a fat baby.

BOVININE has joined our pages again. Mr. H. T. Champney, the genial and courteous vice-president and manager, informs us that it has been greatly improved. Your pale patients will bless you if you make them ruddy again. You can do it with Bovinine.

WHEN in doubt, give Fellows' Hypophosphites; for it is one of the very best of tonics and reconstructives.

HAVE you used Micajah's Uterine Wafers? A great many doctors must use them, for they continue their full page with us from year to year. Have you read it carefully?

DID you send, last month, for Keith's Revised Manual (free)? If not, send this month. See their page.

MR. ISAAC PHILLIPS has a page with us each alternate issue. This is his month. See what he has to say.

PERHAPS you have used preparations "something like Listerine." Why not use Listerine itself?

IF you don't find the kind of a medicine case you want in the adv. of Western Leather Manf. Co., this issue, send for their complete catalogue.

MELLIER DRUG CO. has two half-pages with us this month—one in front and one in back. See if they are not interesting to you.

DR. LAWRENCE'S treatment for acne pustulosa:

A young lady, Miss Lizzie F., was having a constantly recurring eruption of acne vulgaris, which commenced with dark, red papules,

(*Continued over next leaf.*)

Digitized by Google

The Medical World

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World.

C. F. TAYLOR, M.D.,
Editor and Publisher.

Subscription to any part of the United States and Canada, ONE DOLLAR per year. To England and the British Colonies, FIVE SHILLINGS per year. Postage free. Single copies, TEN CENTS. These rates must be paid *invariably in advance.*

We cannot always supply back numbers. Should a number fail to reach a subscriber, we will supply another, if notified before the end of the month.

Pay no money to agents for this journal unless publisher's receipt is given.

ADDRESS ALL COMMUNICATIONS TO

"THE MEDICAL WORLD,"
1520 Chestnut Street,
PHILADELPHIA, PA.

VOL. XV. MARCH, 1897. No. 8.

A CERTAIN part of the machinery of the subscription department was not watched as closely as usual this month, which resulted in quite a number of our friends who had already renewed receiving "reminder cards" concerning their renewal. Kindly pardon. Each one has been answered personally, and as we know what part of the "machine" is at fault, it will not occur again.

A Wisconsin Diploma Mill.

We have heard much lately about Wisconsin diploma mills. It seems that one of the most enterprising is endeavoring to get $35 from every druggist in the country—quite a lucrative undertaking; for there are between 30,000 and 40,000 druggists in the United States, and you can multiply and see the great financial possibilities. The following circular letter was received by a druggist in Camden, N. J. We purposely omit the address:

"Always give your FULL ADDRESS every time you write no matter how often it may be."

(Cut of female figure with wreath in extended hand.)

FRED. RUTLAND, M. D., Pres't.
A. NEVE RUTLAND, M. D., Sec'y.
CHARLES PODMORE, M. D., Treas.

Incorporated under the laws of the State of Wisconsin.

Wisconsin Eclectic Medical College.

DEAR SIR:—

If you have any aspirations to a profession which runs side by side with that of pharmacy; if you desire to become a physician, and have the legal right to append M. D. to your name, then you are politely requested to carefully read and digest the contents of the inclosed prospectus.

The plan, as outlined therein, gives to the pharmacists an open door to the legitimate practice of medicine, as an authorized physician. In these days when the pharmacist is required by law to be as highly educated, as well read, as well versed in the various branches of medical knowledge, and to pass as rigid an examination (and in some States much more rigid) than is required of the physician; is there, we ask, any reason why the pharmacist should not avail himself of the opportunity (while he has it) to take yet another step on the ladder of life and become M. D.?

The average pharmacist's knowledge of materia medica, therapeutics, anatomy, physiology, science and practice of medicine, obstetrics and surgery is usually

Digitized by Google

just as good as the average physician, indeed many much better, for there are thousands of practising physicians who never had a diploma, never was asked a question on the subject; while every pharmacist has been through the fires of inquisitorial examination.

The diplomas of the Wisconsin Eclectic Medical College are perfectly good in law, binding and valid, and the total fees are exceedingly moderate, $35 all inclusive. We only ask your best thoughts on the matter. And in the meantime we shall be glad to hear from you, and to explain any point, or points, not made quite clear by the prospectus, or any which may arise in your mind.

We are yours very sincerely,
Wisconsin Eclectic Medical College,
Fred. Rutland, Ph.D., M. D.

Inclosed with the letter was a copy of the charter in due legal form, with cut of State House, etc. The following is the wording:

UNITED STATES OF AMERICA,
THE STATE OF WISCONSIN,
DEPARTMENT OF STATE.

To all to whom these presents shall come:

I HENRY CASSON, Secretary of State of the State of Wisconsin, do hereby certify that there has been this day filed in this department an instrument in writing purporting to be articles of association with a view of forming a corporation to be known as WISCONSIN ECLECTIC MEDICAL COLLEGE, at Milwaukee, without Capital Stock, the business and purpose of which shall be to conduct a medical college, etc., and verified as a true copy by the affidavit of Fred Rutland, M. D., and Ann Neve Rutland, M. D., who appear in said instrument as two of the signers of said articles; therefore the State of Wisconsin does hereby grant unto the said Wisconsin Eclectic Medical College, at Milwaukee, the powers and privileges conferred by Chapter 86 of the Revised Statutes of the State of Wisconsin, and all acts amendatory thereto, for the purposes above stated, and in accordance with their said articles of association.

In witness whereof, I have hereunto set my hand and affixed my official seal, at the Capitol in the City of Madison, the thirty-first day of December, in the year of our Lord one thousand eight hundred and ninety-five.

[SEAL] HENRY CASSON,
Secretary of State.

Also, inclosed with the letter, was a reduced copy of the diploma, as a "sample." It is gotten up in the usual grandiloquent style, with Latin, flourishes, etc.

What can the medical profession of Wisconsin think of this? What are they doing that they do not have a law in their State that will put a stop to all this. Why do not the respectable colleges of the country combine to stop this evil, for the degree of M. D. from Jefferson, Bellevue or Rush is diminished in value by the existence of all these spurious M.D.'s. Let the WORLD Brotherhood make themselves felt by writing to the President or Secretary of the Wisconsin Medical Society, or even the Governor of the State. If you pour letters in upon them from all directions, they will realize that the finger of shame is being pointed at Wisconsin from all parts of the country; and this, if anything, will induce them to render the continuance of this outrage upon the profession impossible under the authority of their State, The President of the Wisconsin Medical Society is O. B. Reynolds, M. D., Lake Geneva, Wis.; the Secretary is C. S. Sheldon, M. D., Madison, Wis. The next annual meeting takes place at Racine, Wis., May 4, 1897.

Later: A sample of another circular letter sent out by this enterprising firm, addressed to another class, is sent us from Tennessee:

DEAR DOCTOR:

We notice your name in a medical and surgical directory, but with a * appended. A foot-note to each page remarks, "No reply received in answer to inquiry regarding graduation."

As in such a case there is at least a presumption that the person so designated, is not a graduate of a medical

Digitized by Google

school, and has no diploma, we venture to address you upon the subject. If, however, it should be that you are a graduate, and have a regular diploma, then we can but tender our most sincere apologies for troubling you on the matter. But, on the other hand, if you are not a graduate, then the perusal of the enclosed prospectus cannot fail to be of the most primary importance and interest to you. We would also desire to draw attention to the fact, that to practising physicians our fees are much reduced from the regular rate. To this class our fees are $35, all inclusive.

As proof of our legal standing and right to confer the degree of M. D., we can supply certified copies of our charter at 25 cents each, simply covering the cost of certifying officers' fee.

Trusting soon to hear from you, and standing ready to answer any or all questions you may wish to submit,

We are yours very sincerely,
Wisconsin Eclectic Medical College,
Fred Rutland, Ph.D., M. D.

We find that Polk's *Medical Directory* has between 30,000 and 40,000 names with a star appended. Quite a rich field for this enterprising firm to "work." How do the established eclectic colleges like the idea of this "college" calling itself "eclectic?"

A circular was enclosed which gives full information, such as "no personal attendance required," "examination in your own home," etc. The methods of what are called "monopoly" colleges are railed against, but the writer of the circular makes one good point:—that these colleges refuse to grant the degree of M. D. until the applicant has patronized the college a certain number of years, regardless of the knowledge he may possess on entering. This is true, and we could never understand why it should be true. In student days the question seemed to be, how many courses have you taken? rather than how much do you know? It always seemed wrong to us. If a private institution is given the authority to grant a degree, it should be required to grant the degree to all comers who are found to be in every way worthy, and possessing the requisite amount of knowledge for the standard of such institution, regardless of time of patronage.

But while this wrong should be righted, it does not justify the "mill" above referred to. If such "mills" grind out diplomas promiscuously very long, the degree of M. D. will be of no value unless followed by the name of the institution granting the same; and this is not practicable, as there are now so many colleges of high standing. The result will be that few will care about the degree of M. D., for if these "mills" be continued it will lose its value; but, instead, a license to practice from some board of examiners authorized by law will be more valuable than M. D. A law like that of Illinois, which gives the State board the right to require that a college must reach a certain standard, else its diplomas will not be recognized, is a good one. With a safeguard like this the "mills" will do less harm, for their diplomas are not recognized in Illinois and States so guarded.

We do not find Fred. Rutland, "M. D.," nor Ann Neve Rutland, "M. D.," nor Charles Podmore, "M.D.," in the third edition of Polk's Medical Directory. *Query:* Are their "M.D.'s" home-made?

This is the "grip" number—that is, the Editor has been suffering from "grip" while preparing this issue. On this account many interesting points intended for this issue cannot be presented until next issue. He has found spirits of camphor the most useful drug in this disease, taken preferably in milk, half a dram about every hour. By this means, and by use of quinia and strychnia as tonics, he has been enabled to "be about" a part of each day. Doctors require their patients to give up and go to bed; but they don't like to do it themselves. However, no evil consequences have resulted in this instance.

Digitized by Google

Original Communications.

Short articles on the treatment of diseases, and experience with new remedies, are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month for publication in the next month. Unused manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

READ. REFLECT. COMPARE. RECORD.

Emptying the Bowels.—Replies.

EDITOR MEDICAL WORLD:—Two curious cases of "reflex" pain have been recently under treatment in the Hyde Park Sanatarium, which may be of interest. One was a case of "rheumatism," the diagnosis being based on the definition of rheumatism as "anything that hurts." The lady had had for years pains in her lumbar region, down the sciatic nerves, and in her knees. At times her great toes would swell, when her friends at once diagnosed gout. But the pains were rarely constant; they shifted in a few seconds from one locality to another. They were distinctly worse at night. She was also subject to attacks of dysentery, which she kept in check by laudanum, of which she had got to using about two ounces weekly. With this, the bowels were pronounced regular.

An examination revealed a small, but very sensitive ulcer in the posterior wall of the rectum, a rather tight sphincter, a prolapsed uterus and several small internal hemorrhoids. The abdomen was rather uncertain in its percussion notes, and too tender to permit of thorough palpitation. The tongue was coated and disposed to exhibit a darkish stripe down the center.

Now, I concluded that the key to the situation lay in the rectal disease; but this proved not quite correct. I gave her chloroform and replaced the uterus, dilated the anal sphincter, and needled the hemorrhoids. There was a discharge of fecal matter, mushy, light, well-digested and not unduly offensive. To prevent irritation of the rectum, I ordered small hot enemas, repeated four times a day. Here we began to get at the true cause of the trouble, for the dejections contained black scybala, evidently of ancient date (paleozoic, the nurse declared). I began giving her apenta water, in doses of four ounces every four hours, and continued the enemas. It took us three weeks to remove the accumulations from that woman's bowels. We had to be very cautious about the use of purgatives, as it would have taken very little to set up inflammation in the opium-weakened, feces-soaked tissues of the intestines. At times the occurrence of a recent stool made us think we had emptied the bowel, but the next enema would be black. During the first week we frequently expressed our wonder as to where the immense accumulation could have been stowed away; but as time went on, and the end was not reached, we simply gave up that problem as inexplicable. Near the end of the third week the stools became offensive, and at once the evidences of fecal absorption and consequent auto-toxemia were manifested, such as frontal headache, nausea, and the old aches. These, however, were lost in a huge discharge of bile, which she vomited and purged for two days and nights. We thought that this would surely complete the clearing of the bowel, but the next enema returned black. Finally, at the end of twenty-four days, the alimentary canal was completely cleansed, and rendered asceptic by a little sulpho-carbolate of lime.

The result has been the total disappearance of all the ailments, the gout, rheumatism, sciatica, dysentery, coated tongue, headache, opium habit and numberless minor discomforts which we group as haresthesias.

Now, I thought I had surely had experience enough to teach me how to empty a woman's bowels, but this case has taught me a lesson. Hereafter I shall agree with the genius who begins treatment in every case with a thumping big physic, and follow with the remedies indicated. I shall bid adieu to the gentle laxatives and revert to the lusty medicaments of our grandfathers—gam-

Digitized by Google

boge, scammony, colocynth and jalap; reduced to a mass with croton oil, and add a dash of elaterium. And we will hope that the patients will take the same enlightened view as their grandmothers, who judged of the skill of the doctor solely by the strength of his purgatives. Thus is the wisdom of the aged corroborated, and modern science exhausts itself in finding the explanation of their success.

The other case is very peculiar. A distinguished citizen of a neighboring State received a severe injury to his head during childhood. That it did not injure the brain is evident, as he has won a high position at the hands of his fellow-citizens, with the prospect of a still higher in the future. But his right leg has not developed equally with the left, causing some lameness. The skull on the right side is depressed over the region corresponding to the leg, and there was a large scar in the scalp. I found this scar quite hyper-sensitive, especially to the faradic current. There was a rectal ailment, and decidedly unpleasant sensations ensued when one pole of the faradic was applied to the scar and the other in the rectum with a very mild current. It will be noted that the injury was on the same side as the ill-developed limb.

I concluded that the scar was the seat of the reflexes present and excised it. As yet, it is too soon to speak of the result, but I believe it will be successful. The operation was done under local anesthesia, produced by the new agent, eucaine, a two per cent. solution being injected into, not under, the skin along the lines of incision.

On page 78, February WORLD, Dr. Dodge asks about the treatment of facial neuralgia. I would amend the advice given by suggesting that he will not find his "warm, equable climate" in Southern California. I have been compelled to order my consumptive girl out of California on account of the dampness and cold nights. The cold is of a peculiarly trying character, so that ladies accustomed to Chicago winters find it impossible to keep warm enough to sleep, even after piling on a small mountain of bedding. The girls are now at Phœnix, Arizona, from which I expect a better report.

Dr. Dodge had better entrust himself to a competent oral surgeon, if Garretson left a successor. His experience convinced him that in every such case there was something interfering with the nerve at some part of its course. If so, what is the use of giving drugs which cannot release a nerve pinched in its passage through a foramen whose lumen is narrowed by inflammatory deposits.

I would advise Dr. Andrus (page 79) to put his case of tachycardia upon glonoin and hyoscyamine for the paroxysms, and iodide of arsenic in the intervals. These nervous disorders often, if not always, indicate the presence of some structural derangement, and in the combination suggested we have the two most powerful agents as yet known for combating cardiac lesions.

Dr. Witney might try the hypodermic injection of chromic acid or formalin solution to cure the port wine mark (page 79). Inject a one-half per cent. solution just under the skin, the needle being entered parallel with the surface for its full length. A very little of the solution is to be deposited as the needle is slowly withdrawn.

To Dr. Stidworthy: In your next case of intussusception, invert the child and give a forced enema of hot water.

WILLIAM F. WAUGH, M. D.
103 State street, Chicago.

Death of Twin in Uterus.

Editor MEDICAL WORLD.—Not long since I was called to attend a clergyman's wife in confinement; had attended her in four previous. The labor was normal as usual, and of short duration. Was obliged to remove after-birth as usual, and, as I grasped the secundines, I felt something the shape of a clam shell. After removal, I gave the nurse (aside) directions to put it aside till I could give it an examination. The examination revealed the skeleton of a fetus measuring 8 inches in length, the parietal bones of skull being pressed nearly together, giving the feel in utero of a clam shell as above stated.

I could determine the sex, a male fetus, which, from some cause unknown, had died and remained till after the birth of its twin sister, which was a healthy child, and is to-day a fine, stout, rosy

Digitized by Google

girl. The mother, a very intelligent lady, says she felt a considerable uneasiness and indisposition near the fifth month, which lasted only four or five days, and then till the expiration of term felt quite as well as usual. To me it seemed a case of considerable interest.

H. HOWLAND, M. D.

Newburgh, N. Y.

Gangrene of Bowels Due to Intussusception.

Operation for Relief on Ninth Day, Death on Tenth Day.

Editor MEDICAL WORLD:—E. R., male, age 20 years, of good physique, previous health good, except recurrent attacks of indigestion, of good habits, leading an active life upon the stock farm, was, without previous warning, seized with severe griping pains in the bowels while at school on December 8, 1896. Soon after the onset of the pains he started to walk home, a distance of one-half mile. With great difficulty he succeeded in reaching his home, but no one being at the farm house, he was without help for about two hours longer. Upon the arrival of his mother, and after unsuccessful attempts being made to relieve the pain, he was placed in a conveyance, and they started to town to procure medical attention. Upon the way they were met by a physician, who administered some medicine and advised his immediate return home. Shortly after reaching home the physician called and administered salts to move the bowels, and morphine tablets for pain. The symptoms being worse, if anything, another physician was called, who administered cathartics, such as calomel and seidlitz powders, with no relief of pain and without producing an action from the bowels.

On the fourth and fifth day two or three enemas of about one-half pint of water were administered, also seidlitz powders by enema, dissolved and injected separately.

Upon the fifth day fecal vomiting set in, and at midnight I was called. Before the arrival of the physician in attendance I proceeded to inject per rectum in knee-chest position large quantities of water, using a long rectal tube and Allen pump. The tube was inserted a distance of about two feet. A small quantity of fecal matter came away with the water. Subsequently a large quantity of olive oil was injected in the same manner, but with no result. At this time, in addition to fecal vomiting, the condition of the patient was as follows: temperature normal; pulse 94; tympanites not well marked; distention slight; paroxysm of pain in right illiac region; pain less than day before. The administration of food and medicine by way of stomach having been suspended, fecal vomiting almost ceased. The pain and distention being very materially lessened, the patient claimed to be very much better upon the sixth day.

Failing to secure movement of the bowels inside of twenty-four hours, I felt warranted in a diagnosis of intussusception of the bowels located low down near the right side. On the seventh day his temperature became sub-normal; patient evidently failing; pulse becoming more frequent.

On the evening of the seventh day I telegraphed to Kansas City, Kan., for Dr. P. D. Hughes, who arrived at noon on the ninth day.

We proceeded to operate as soon as the necessary preparations could be made, assisted by Dr. Catharine Berry Richardson, of Kansas City.

Under ether, an incision was made in mediam line from above umbilicus a distance of about four inches towards the pubes. Distended intestinal coils presented; no fluid or adhesion being apparent upon surface, a search was made along the sides and pelvic region of the cavity for possible hernia in the walls. The small intestines were then examined to stomach, then from stomach to about middle of ileum, at which point a gangrenous mass of intestines and mesentery was found. The proximal portion was invagiated, the distal portion was free from invagination for a distance of about one foot. In lifting the mass carefully toward the surface the entire inverted portion became disengaged, showing complete freedom from adhesion one to the other.

As the gut slipped apart it ruptured in more than one place, the mesentery giving away in spots also—the tissue being almost completely decomposed. The gangrenous portion was reduced in size

Digitized by Google

very much, being about one inch in diameter when at rest.

Clamps were applied in several places, and many ligations were made at the base of the mesentery close to the column to eliminate the slough as much as possible. The divided ends of the gut were then attached by means of a Murphy button. Large glass drains were then inserted to stump of mesentery before closing abdomen. All possible precautions were taken to prevent soiling adjacent surfaces with the fluid from the necrotic area and from the lumen of the gut. The patient was returned to bed and the drainage tube aspirated hourly. Small quantities of bloody serum were removed during the night. At intervals milk was injected per rectum. Liquid food was given by way of the stomach hourly. Food and stimulants were retained for the first time in nine days. Death occurred on the 10th day.

Upon examination of the portion removed, the necrosed portion was found to be two feet nine inches in length. There were thirteen perforations in the wall of the bowel.

J. F. PICKEREL, M. D.

Beverly, Kan.

One Year Pregnant.

Editor MEDICAL WORLD:—Mrs. S., wife of a prominent citizen residing in this city, called at my office about January 25, 1896, and requested me to examine her for the purpose of ascertaining if she was pregnant. Her history was about as follows: She was 36 years old, had been married ten years, and although very desirous of having children, she had never been fortunate enough to become pregnant. She had not menstruated for the past two months; her general health had much improved, and her weight had increased several pounds. Her abdomen and breasts were enlarging, and she was troubled with a profuse lucorrheal discharge. While making a vaginal examination I attempted to pass a uterine sound very carefully into the womb, and found that the internal os was closed. I informed her that she was pregnant, much to her gratification, and she hastened home to impart the good news to her husband.

February 20th she returned to my office very despondent over the reappearance of her menses on that morning. I told her not to worry over her disappointment and to return when her menses ceased for another examination. This she did on the third day following. The examination confirmed my previous diagnosis, and she went away again happy. She menstruated again on March 20th, when it ceased, and never recurred during her pregnancy. About the middle of April she first felt life, and the period advanced uneventfully until the expiration of her term—September.

At that time I was taken ill of typhoid fever, and being unable to attend her, she employed another physician, and I dismissed the case from my mind. One month later I was again on the street, but only for a few days, when I took a relapse, and it was two months before I recovered sufficiently to resume business.

Imagine my surprise when one day shortly after opening office Mrs. S. waddled in and inquired if I would not now take charge of her case. She gave me a brief history as follows: Labor pains came on at the expiration of her term, she had called a doctor who gave her morphine to quiet her pains, but telling her that it would make them stronger, and all would soon be over. This kind of treatment he continued until the patient grew angry and discharged him. She had suffered pains at intervals, sometimes coming regular every few minutes and lasting 24 hours, but never accomplishing anything. Her limbs and feet were swollen and locomotion was quite difficult. I sent her home, promising to call in an hour and make an examination. Vaginal examination revealed a soft, easily dilatable cervix, her abdomen was enlarged to immense proportions for one of her stature, encroaching upon the lungs, producing dyspnea. Here was a primipara 36 years old, twelve months pregnant, with a womb so distended with the products of gestalion that its muscular fibers were so stretched and weakened that to produce a strong contraction was impossible.

I decided to induce labor, and so informed my patient and her friends. I introduced a sponge tent into the cervical canal, and tamponed the vagina with

absorbent cotton. This was allowed to remain for six hours, when it was removed, and, the os being nicely dilated, I introduced a silver probe and ruptured the membranes. Large quantities of liquor amnii gushed from her with each uterine contraction, and soon labor commenced in earnest. Twenty-four hours of hard work brought the womb and its contents low down in the pelvis, where the lips of the cervix became wedged between the head and bony structure of the pelvis, there swelling and becoming edematous, obstructing the passage of the head. In vain I attempted to dilate the cervix and force it back over the head with my finger during uterine contractions, until, finally exhausting both my patient and myself, I concluded to give her a rest. I administered chloral hydrate grs. xv, morph. sulph. gr. ¼, and in a short time Mrs. S. was quietly sleeping, although the uterine contractions continued just the same as when awake. She slept five hours, and awoke much refreshed. I examined her, and much to my surprise found that the cervix had dilated and retracted over the head, which was well advanced and firmly engaged in the bony outlet. The expulsive pains now became strong and frequent, yet they lacked the vis a tergo necessary to terminate this second stage of labor. After several hours of exhaustive and painful effort, nothing being accomplished, the forceps were applied, and my patient was delivered of a bouncing boy, which gasped two or three times and died, although we tried hard for an hour to resuscitate it. It was an extra large, well-developed baby; its nails were very long, and curved around the ends of fingers and toes.

Although much exhausted from the long, tedious labor, Mrs. S. made a rapid and uneventful recovery. Her period of pregnancy began about December 15th to 20th, 1895, and terminated December 17th, 1896, thus stretching over an interval of twelve months. So far as I know, this is a rare, and was to me an interesting case. A question may arise in the minds of some of THE WORLD family whether or not the first two months of pregnancy were simply suppression of the menses. The history of the case is confirmed by physical examinations made January 25th and February 23d or 24th, 1896. I cite them as answer sufficient. P. A. MELICK, M. D.

Williams, Arizona.

The Specialist.

Editor MEDICAL WORLD:—The so-called specialist spends his spare time, of which he seems to have much, in the noble occupation of lifting the cloud of darkness from the minds of his benighted brother, the general practitioner. He invariably closes his long-drawn article by recommending the country practitioner to send his patient to a specialist. This week I read an article on the ear containing this sentence: "In no case should anyone not a specialist use any form of a surgical instrument to extract a foreign body from the ear." I wonder if this specialist expects us to take that literally? Time and again have scores of country doctors given a little chloroform, and with a surgical instrument, extracted foreign bodies from the ear, as easily and as well as any specialist Any doctor of ordinary skill should be able to remove polypi or foreign bodies from the ear, nose or throat with profit to himself and advantage to his reputation; and, what is more, with an ophthalmoscope, a test case and a few instruments, he can treat ninety-nine per cent. of all eye diseases, and fit glasses so well that the traveling specialist in that line will pass the town in the night. If general practitioners would assert themselves, and get the work that properly belongs to them, the specialist would be conspicuous by his absence, and the wail of hard times among country doctors would not be heard.

Every doctor should be able to successfully reduce a hernia, or operate if necessary, operate for hair lip, "radically" cure piles, or remove a cataract. He can always find some poor patient who will accept his services, and then the well-to-do will know that he can do such things when their turn comes.

The most pitiable man in the world is the doctor who, when he meets a serious case, is forced to go humiliatingly before, perhaps his best family, and explain that the services of a specialist are required. If this thing must be, let it occur so rarely that a former case may

Digitized by Google

have faded away from the minds of the people.

During the last few years appendicitis has become so much a "fad" that I have known a doctor to call in a specialist in a case of colic, and the patient was able to be out playing next day. No doubt the doctor and specialist were disappointed in different ways.

At the present time the clinics of our State University are crowded, the wards of the hospital overflowing, and patients daily turned away, while hundreds of doctors all over the State are barely making a living; and instead of spending their time in curing their own cases, they are busy lauding the praises of "specialism," or extolling the advantages of this or that great institution. Let us rather teach the people to rely on their own family physician's ability, and to give his judgment in all matters relating to disease the preference every time.

A GENERAL PRACTITIONER.

Michigan.

Otitis Media Supurativa Chronica.

Editor MEDICAL WORLD:—With increasing knowledge of the nature and treatment of any disease in the field of medical science comes the increased demand upon the general practitioner for his attention in treating diseases in that particular field. There are certain subjects that properly require the skill of a specialist, but these are cases that infrequently come before the general practitioner, and the successful management of which requires considerable time and preparation. On the contrary, with the affection under consideration, it is one that is commonly met with by the general practitioner. The neglect which has usually been accorded this affection by the average physician is my apology for this paper.

There is a popular belief among the laity, and until recently encouraged by the profession, that it is dangerous to stop a chronic discharge from the ear. With the advanced knowledge in treating surgical affections, this idea, as far as the profession is concerned, has been abandoned. Not so, however, with the laity, so long encouraged in a feeling of false security from the alleged harmlessness of an affection fraught with dangers to the life and health of the patient. Quick to appreciate the evil effects of so simple an affection, many of our leading life insurance companies are refusing risks to persons suffering from a chronic discharge from the ears.

Many a physician has prescribed for cases of otorrhea, or aural catarrh, with a limited knowledge of the true condition, that he would not hesitate to condemn as criminal in a brother practitioner who did not make a more careful diagnosis in other cases. In no other department of medicine has therapeutic advances been so slow to take advantage of accurate anatomical knowledge. In the largest proportion of cases, the subject under consideration is the result of, or follows, the acute condition. The successful management of one involves a knowledge of the other. A correct knowledge of the anatomy and physiology of the middle ear will materially assist in attaining a correct idea of its pathological conditions. Lined by delicate mucous membrane, and surrounded by firm, unyielding, bony walls, communicating only with the pharynx through the Eustachian tube, and the internal ear by the fenestra ovalis and fenestra rotunda, it presents all the features of a closed cavity. In acute inflammatory conditions these openings are guarded by structures that resist with assiduous care any encroachment from exudative material. The tympanic membrane, guarding the outer wall of the tympanum, is the only yielding structure surrounding this cavity, and here it is usually that egress is found for the products of inflammation. The drum membrane is ruptured and relief is had from the severe pain that characterizes acute suppuration of the middle ear.

Possessed of considerable recuperative powers, this membrane heals in advance of the suppurating process in the tympanic cavity, and in a short time we have a repetition of the process. After a series of perforations, the drum membrane loses its vitality, granulations spring up in the middle ear, and we have the condition under consideration known as otitis media suppurativa chronica, or chronic suppurative inflammation of the middle ear. The process

Digitized by Google

may continue until the bony walls of the cavity are affected and necrose.

The treatment depends largely upon the conditions found, but the key-note of successful treatment is found in the modern antiseptic surgery. The difficulty in applying this method, because of the inaccessibility of the cavity, explains the cause of the numerous failures of treatment in this affection. It does not require the knowledge of a specialist to treat these conditions successfully; or, at least, every general practitioner should possess the ability to treat them. Antisepsis is the key-note. Cleanse the tympanic cavity and keep it clean, and the larger number of cases will recover. Syringing the ear thoroughly through the external meatus will be sufficient in most cases. A twenty-five per cent. solution of peroxide of hydrogen is preferred by many for this purpose on account of its mechanical effect in removing pus. Inflation by Politzer's method, or by the Eustachian catheter, will assist in expelling the exudate when thick. After this is done the tympanic cavity should be thoroughly dried with absorbent cotton and packed with boracic acid. This should be done daily until healing has taken place. Any nasopharyngeal catarrh present should have appropriate treatment, as it will keep up the aural disease.

In cleansing, drying and packing the cavity, great care is necessary, and should be done only with the aid of speculum and a good head mirror. When the ear is dried thoroughly with the probe, a little of the boracic acid is blown into the ear, and with the aid of mirror and probe is pressed well into the middle ear. This is the only way to pack the cavity. Blown into the ear, the powder falls short of the intended place.

Constitutional treatment, when specially indicated should be given. Careful, thorough local treatment along the lines indicated, will generally give good results.

A. D. CLOYD, M. D.

Shubert, Neb.

"Bilious Colic."

Editor MEDICAL WORLD:—I continue to take THE WORLD because it is broad. It is not afraid to present facts from homeopathy, nor is it afraid to take up, boldly and progressively, financial and industrial questions when they affect the interests of the medical profession.

While I use every good remedy, I must confess that I have had my best success when I have been able to stick closest to *similia similibus curantur* in prescribing in curable cases. Here is a sample case: About ten years ago a lady came to me and said: "Doctor, I have taken old school remedies all my life; I do not believe in any others. Yet I have come to a pass that they do me no good, and I come to you like as a drowning person grasps a straw. I don't believe you can help me, yet, in desperation, I am going to try." Then she told me that for years she had had what was called bilious colic about every six weeks, and that all she could do or have done, now that everything had been tried, was to take a hypodermic of morphine and wait in patience for the colic to leave. Her doctor, who had treated her and her family for years, had told her that he could do nothing more for her, and as for preventing the paroxysms, that was out of the question. She said that one of her spells was then coming on just as it had come on scores of times before, and she knew just what she was to go through unless possibly I could prevent it, which she very much doubted. I very carefully took her symptoms and made a prescription as nearly "homeopathic" to them as possible. The totality of her symptoms had in them several of the symptoms caused by two common remedies when taken in large doses by a healthy person, and I gave her both, with directions to take them in alternation, two disks at a time, every hour. Well, she did not have the "spell" that then threatened, and she has never had one since. She keeps her two remedies on hand, and when she feels her "bilious colic" coming on she takes them and the result is ever the same. The two remedies are bryonia 2x and nux vomica 2x. This is is one case of a large number of its kind, and with such an experience, why should not any sane person believe in the efficacy of drugs applied according to the law of homeopathy? The old school doctor makes a great mistake when he fights homeopathy instead of

Digitized by Google

studying it; and the homeopathist makes a great mistake when he neglects to find out all that the old school teaches, and to apply all that he finds to be good. There is none too much of good in any or all schools to draw on in time of need.

Yours for the uplifting of humanity,

A. J. WOODRUFF, M. D.

Babylon, N. Y.

[When homeopathy arose, if the regular profession had been rational, it would have embraced and included the truths of homeopathy, instead of fighting them and excluding those who advocated them. So with eclecticism. Then we would have had no divisions, but one great harmonious profession, with enough internal differences of opinion to make discussion always interesting and profitable. But, Doctor, you do not believe the above-mentioned case to have been gall stone colic, do you? Your treatment could not have had any effect on the passing of gall stones, nor their formation. It must have been a nervous affection. The term "bilious colic" is frequently very loosely applied.—Ed.]

Hemorrhage from Kidney.

Editor MEDICAL WORLD:—Last No vember, a gentleman 46 years of age, good constitution and good habits, came to my office to consult me for hematuria. He brought a sample of urine, about half a pint, in which there was about an ounce of blood. The patient commenced passing this chocolate-colored urine the day after a long horseback ride on a rough horse. There has been no fever, and no pain, except once a violent pain of short duration, due to the passage of clots along the ureter. I am satisfied that the source of the hemorrhages is renal. At first I resorted to cupping, demulcents and saline drinks; but with no benefit. I then treated passive congestion; calomel several times, followed by a purgative, and afterwards by astringents. Under this treatment there was some improvement. For several days there was no hemorrhage, but it soon returned. I have since then used various astringents, such as gallic acid in infusion of uva ursi, ergot, tincture of iron, etc.; but with negative results.

The loss of blood is beginning to tell on the patient. From being the picture of health, he has lost about 20 pounds, and is anemic and weak. Temperature normal; pulse 70; tongue clean; bowels regular; no pains. Will go all night without passing urine, and passes it in a bold stream with no uneasiness, usual quantity.

Any suggestions as to treatment or diagnosis (if my diagnosis is not correct) in this case will be thankfully received, either by mail or through THE WORLD.

EUGENE PENDLETON, M.D.

Cuckoo, Va.

Does Not Atropia Do More Harm Than Good When Given With Morphine?

Editor MEDICAL WORLD:—I do not know what has been the experience of the WORLD family in respect to the use of atropia to counteract the effect of morphia; but my experience teaches me that it is a harmful combination for hypodermic use especially. In my practice I have noticed that whenever I used morphia and atropia in conjunction, no matter what the dose or whose manufacture I use, I invariably have convulsions if the dose is large, or severe cerebral irritation if the dose is small; especially is this the case if the motor nerves are affected, and the morphia and atropia are given to quiet them? I find that I can give the morphine alone without these complications occurring. I have come to the conclusion that many of the ills ascribed to morphia are due in part to the atropia, and I have not used the combination tablets for some time. Perhaps others have observed the same action of the two drugs combined, and in order that we may hear from them upon this subject is my excuse for taking up this space in your valuable journal.

Doniphan, Neb. T. H. LINE, M. D.

From Another Doctor's Wife.

Editor MEDICAL WORLD:—I think the Doctor's Wife is a "trump." She is a true model of the New Woman, for she seeks to make woman new; new in physical and mental force, and the crowning glory of mankind. The old-time narrow sphere of woman is widening rapidly. Woman's brains, which have been dormant so many years in meek subjection to man's superiority(?) have suddenly awakened to mechanism that

astonishes even the most active minds. What shall we owe to the Doctor's Wife when we become the dictator of how our children shall be born? It is the mother's mind and impressions that influences the character of the offspring, and who then is better able to discern when the proper time has come for the bearing of children? It is true that women do not fully realize the great responsibility when they are called to the marriage-union; nor do they know the value of rugged health to endure. What if she finds the man whom she has married an inebriate or devoted in his attentions to other women? Shall she endanger a new life with hereditary evils? Formerly woman suffered untold indignities. Now she finds a nobler purpose in her life than to be held down with rude hands an humble victim to a man's unreasonable demands. In the Woman's New World, built by women's ingenuity, is there now generous opportunity for real spiritual development. This *fin de siecle* will crumble the "old maid" stigma, and woman will see the dawn of her noble mission. Why in so many departments of life is sympathy lacking? Simply because the man has crowned all with exterior glory and given little thought to the interior — the soul. Woman brings the heart into action.

That a man should utter: "Eve brought this misery into the world, and so must woman suffer," shows the old regime of religion. It is not the true conception in this enlightened age. Such a man should break away from the bonds of his doctrines and read the New Dispensation. The churches of the present day ring with this old idea. They are reverberated from the walls like echoes from the forests, and fill the ears of all. But "Behold, I make all things new." As new and beautiful truths are shining in the old words of the Bible, so shall woman's cause receive justification. As woman bears the mental anxiety of the coming new life, should not physical pain be spared her? Let the new light of the Doctor's Wife shine in your glorious profession! My husband, bless him! voices the sentiments for alleviating woman's sufferings.

ANOTHER DOCTOR'S EARNEST WIFE.
The Riviera, Italy.

Pulmonary Emphysema.

Editor MEDICAL WORLD:—I was called upon to examine and prescribe for Mrs. P., in November, 1896. She was supposed to be suffering from chronic phthisis. This proved to be a very interesting case, as she had been under treatment from several local physicians, and was then taking treatment from a Cincinnati advertising firm for consumption. I found her suffering from a most distressing dyspnea. So pronounced was the symptom that she spoke only in whispers, and would have to rest often in the midst of sentences. The history was, that from early childhood she was easy to "get out of breath;" running, climbing stairs, etc., were always very tiresome to her. About a year or more ago this became very much worse while visiting in an adjoining State, and the physician who examined her then concluded that she had heart trouble, and the treatment, probably nitro-glycerine, gave her some relief. Upon careful examination I found the following condition: A very decided alteration in the shape of the chest, in that there was elevation and arching of the sternum, with considerable bulging of the infra-clavicular and mammary regions, giving a perfect picture of the "barrel-shaped chest of emphysema. There was an extensive bronchitis which, in my opinion, accounted for the constant elevation of temperature. There were crepitant and sub-crepitant rales over the entire chest, of a lower pitch, however, than usually heard. The expectoration was characteristic of bronchitis, and she told me she had had one hemorrhage. There was not the marked cyanosis one would expect in such a condition; only a slight blueness of the lips; but the physical condition was such as to warrant me in diagnosing it a case of emphysema with chronic bronchitis, with repeated acute attacks, as a complication or probably as an etiological factor in its development. My prognosis was unfavorable, as the poor woman was already worn out by the repeated attacks of bronchitis and the great labor necessary to get breath. I gave her for the dyspnea, nitro-glycerine compound, and ordered for experiment the fl. ex. of asperdosperma, as it had been recently lauded by eminent authorities

Digitized by Google

for asthmatic dyspnea. It was claimed for this remedy that it would carry enough oxygen to the blood to serve the demands of the economy, notwithstanding the failure of the lungs to properly aerate that fluid. I combined pot. iodide in small doses for the existing bronchitis, and placed her upon a general tonic. The fl. ex. quebracho afforded some relief, but in a few weeks this most excellent and interesting lady passed away. I was informed by her husband that no physician had ever examined her except in a very casual way before I was called in, so you can imagine my surprise when my attention was called to the fact that two very eminent physicians had declared that I did not know what I was talking about when I said she had emphysema; and that she certainly died of consumption. Would like to hear from you, Mr. Editor, as to your experience in relieving this distressing complaint with the quebracho. Will say that upon inquiry I found that the hemorrhage was nothing more than the slight hemoptysis spoken of as liable to occur by our authorities. W. H. HOWELL, M. D.

Center Hill, Fla.

[Have had no experience with quebracho in emphysema. Hope our readers will discuss this case, and the subject of emphysema.—Ed.]

Dementia.

Editor MEDICAL WORLD:—With your consent, I will report a case for the consideration of THE WORLD family and yourself.

Mrs. L. C. D., aged 62 years, came under my care about seven years ago. Previous health good, excepting irregular menstruation and malise. At 56 years of age, patient ceased to menstruate. As the menses began to recede from the normal, she began to show signs of mental aberration.

These hallucinations reached the climax on Christmas Day, 1893, at which time I was hurriedly called to see her. Found patient propped up in bed, and contending that nothing was ailing her. Upon examination I found pulse and temperature normal, tongue clean, appetite good, digestion normal, and bowels and kidneys regular. Respiration I found to be excellerated, and all questions asked her were vaguely answered. I gave a placebo and began to search for the cause of this trouble.

While there is no tendency to insanity in her family, yet tuberculosis is the family heritage, having brothers, sisters and two daughters to die of it. Within the last two years patient's condition has grown from one of periodical dementia to one of continuous character. Her hallucinations are of a peculiar nature; for while she has all faith and confidence in her husband, still she believes that he is responsible for all her troubles, claiming that if he but lay his hand upon her she will suffer intense pain. Upon this hypothesis she refuses to sleep with him, and will not even allow him to touch her by contact, even in passing by in house or out of doors. I wish to further add, that at her worst seizures her face will be covered with acne. She refuses to take treatment, claiming that there is nothing the matter with her, and medicine is not needed. What can be done?

E. J. YAGER, M. D.

Graysville, Ind.

Puerpural Eclampsia.—Fracture of Femur and Humerus of Child.

Editor MEDICAL WORLD:—I was called Jan. 6, '97, at 5 a. m., to see Mrs. R., aged 35; primipara. Before reaching house was met by messenger, and told to hurry, as patient was very bad. On arrival I found her in convulsions; was informed by husband that it was the third convulsion. On digital examination I found no dilation of the os whatever, and very weak contractions of uterus. Head of child in L. O. P. position. I immediately gave ¼ gr. morph. sulph., hypodermically, and repeated it at end of half hour. I began dilating the os with my fingers, and stimulated contraction with my disengaged hand, by gently kneading the abdomen. After working about three-quarters of an hour I had dilated the os sufficiently to admit one-half of my hand. I made an attempt to deliver with forceps, but failed, as patient was in such a severe convulsion. I did not wait to further dilate, but passed my hand up and grasped the left leg of the child. I could not discover any pulsation of the umbililcal cord, and presumed the child was dead. I hastened

Digitized by Google

to bring down the leg that I held in my hand, and snapped the femur in upper third. I then delivered; had a retained placenta, which I at once removed. The child in a few minutes began to gasp, and soon revived. It was taken care of by an old lady that was called in to wash and dress the baby, as is the usual custom. She called my attention to the peculiar way in which the child was holding the arm, which, upon examination, I discovered was fractured (middle of left humerus.)

The convulsions ceased as soon as child was born, but the mother remained unconscious for about twenty-four hours, when she began to show signs of returning consciousness, but for several days she was blind and had severe headache, after which she improved quite rapidly, so that by the end of the sixteenth day she was able to sit up about half an hour.

The fractures were reduced and retained as follows: For humerus, an angular splint from shoulder to wrist, made out of pasteboard, two thicknesses. Femur was treated by vertical extension, viz.: Sound with fractured limb flexed at a right angle with pelvis and fixed by light wooden splints with short coaptation splints of pasteboard over fracture, and hoisted up and fastened to a bar above the bed, which was made as follows: A piece of board three feet long and fourteen inches wide; about ten inches from one end I nailed on each side, in a vertical position, a piece eighteen inches long and three-fourths of an inch thick. Across top I nailed what was to be the bar, a piece one-half inch thick. A pillow constituted the bed, and child was hoisted high enough to admit of placing a diaper under child and removing whenever soiled, without disturbing the child. At the end of three weeks all splints were removed and union of both bones found to be perfect. The unique part was the bed, as it was so convenient; if child worried they could pick up the child, board and all, and walk with it or gently sway it from side to side without disturbing the extension.

I do not believe any treatment for puerperal convulsions will be found as successful as removing the cause, viz.: delivery of the child. In about 600 labor cases I have lost two patients, one from suppurative metritis, the other from puerperal eclampsia—a case that I took out of sympathy, as the attending physician backed out and refused to attend. I rely on morphia hypodermically in decided doses, repeated frequently if required, and delivery as quickly as possible. I have frequently seen cases where chloral, bromides, chloroform and bleeding had been used, but never with as good success as with morphia. After controlling the convulsions with morphia then I believe you will get good results from chloral and the bromides.

J. SENGSTACKEN, M. D.
Stony Point, N. Y.

Dressing for Burns.

Editor MEDICAL WORLD:—I see linseed oil and lime water, equal parts, often objected to in the treatment of burns on account of it being "nasty." I have used it in many cases, and with perfect satisfaction both to myself and to the patient. I have never found a cleaner dressing. Spread the "carrion oil" over thin layers of absorbent cotton. Apply this cotton, oiled side, to the burned surface, and over this apply a soft roller bandage. The cotton takes up the excess of oil, and when it dries it makes a smooth, air-tight shield. Let it remain on from one to three days, as may be thought best. When removed, it is found to be perfectly clean, somewhat resembling chamois skin. It is the most cleanly as well as the most effective dressing I have ever used.

G. M. JAMESON, M. D.
Buda, Texas.

Neglect of Sexology.

Editor MEDICAL WORLD:—The following paragraph from Dr. Waugh's communication in the February WORLD I consider particularly cold, heartless and cruel:

"The woman who marries, knowing herself physically unfit for maternity, is guilty of a crime that deprives her of all claim to sympathy."

Woman should not be punished for ignorance when the ethics of society

Digitized by Google

almost entirely preclude knowledge. How is a young woman to know whether she is fit for maternity or not when usage forbids her to even think of the science of sexology except as something dreadfully bad. Your schools and colleges will instruct her in the languages and Delsarte, but all taboo the subject of procreation, nothwithstanding that the defect of knowledge on that one matter may mean to her a life-time of misery. You say she should be taught by her mother. But suppose her mother is as ignorant of sex as she? My dear sir, give us mothers that are educated on sex lines, and the coming generations will be educated. But our system of moral ethics has purposely kept the mothers in ignorance of the use and misuse of the sex functions, and then you say that suffering womanhood, under certain conditions, has no claim for sympathy. If a family physician would even suggest any word of advice to the daughter about to marry, the family would be shocked. This is not so much the fault of the doctor as it is of the social code; but the medical profession acquiesces in the outrage of misfit marriages, and lies back and accepts the fruits of post-marital miseries. LENOX.

McKeesport, Pa.

Some Thoughts Relative to Sending Patients Away from Home.

Editor MEDICAL WORLD:—The physician is confronted by a question of enormous importance when he is sought for advice as to whether the patient should seek a change of climate, and where to go.

In order to advise properly, the physician should be reasonably confident of the correctness of his views upon the following questions which may arise:

1. Is the influence of therapeutic measures, hygiene, sanitation and dietetics of no permanent avail?

2. Are there any poignant physical contra-indications to sending patient away?

3. Is patient financially competent to procure the ordinary comforts at a distant health resort?

4. Is patient willing and physically able to do light outdoor labor, or to exercise judiciously in the open air?

If it is decided that the patient should try climatic influence by a radical change of residence, the physician who is best competent to judge of the merits or demerits of the particular locality best suited to each case is the one who gives some thought to the climatic and meteorological conditions, to soil, railroad facilities and the social advantages of the place in question.

Other points for him to consider are:

1. The patient's physical condition under the climatic condition present in relation to what may be reasonably expected from a journey (continued or intermittent) to a locality the special atmospheric characteristics of which he is well aware.

2. The choosing of that place where the most hours of daily sunshine are present, and where diurnal extremes of temperature are not characteristic.

3. A locality sheltered from cold, damp or dust-laden winds.

4. Kind of life intended to be pursued by patient.

5. The mental and nervous characteristics, and the amount of hope displayed by the invalid.

6. The season of year when change is to be made.

7. The age, sex and social relations of the patient.

H. FOSTER HAZLETT, M. D.

Pueblo, Colo.

Bright's Disease.—Membranous Croup.

Editor MEDICAL WORLD:—I would say to Dr. A. L. D., of Arkansas, that because one has Bright's disease it does not necessarily follow that his doom has been pronounced. Taken in its early stages, Bright's disease may be cured, and even later it may be greatly benefited and life prolonged.

Besides the good advice given you by the editor, as to keeping the skin acting freely, and using iron (Basham's mixture is good to alternate with the tincture), I would advise glonoin (nitro-glycerine). Of this use a one per cent. solution, one drop four or five times daily. If this amount does not cause a perceptible flushing of the face and fulness about the head, it may be increased until it can be felt, not unpleasantly, but noticeably. I have never used this remedy without producing a notable decrease of the albu-

Digitized by Google

men in the urine; and when begun early I believe it a cure for such a condition.

A prominent real estate agent of this city, who came here for his health a few years ago, was barely able to walk to my office, a distance of two blocks. He was anemic, feeble, digestion very poor, albumen in urine, tubular casts noted microscopically. Put him on the glonoin treatment with Basham's mixture, largely milk diet, with special directions as to the excretions, bowels, kidneys and skin. Kept this treatment up for a year, and the patient has made a complete recovery. He says he never enjoyed better health in his life, and is able to do an active real estate business. I have had occasion to use the same treatment in other cases several times since, and have never failed to note a decrease of albumen during the use of the nitro-glycerine.

As to membranous croup and diphtheria being the same, I am inclined to agree with Dr. Gibson. They appear to me to be totally different diseases. I have, during my twenty-five years of practice, treated quite a number of cases of membranous croup. The physician has no more powerful foe with which to contend. I believe it in the great majority of cases, however, curable. It requires energetic, not to say drastic, treatment. If the case has so far progressed that breathing is difficult, I usually use first, the yellow subsulphate of mercury (turpeth mineral), according to Dr. Fordyce Barker's plan. Then follow with:

R.	Bichloride of mercury,	-	gr. i
	Muriate of ammonia,	- -	dr. iiss
	Alcohol,	- - -	oz. i
	Glycerine,	- - -	oz. i
	Aqua q.s.,	- - ad.	oz. iv

DOSE.—10 to 15 drops to child every half hour.

Alternate with one-half grain sulphide of calcium every half hour. Thus medicine is administered every fifteen minutes, night and day. I usually precede this treatment with calomel to move bowels freely.

One of the worst cases I have seen for years, a 2-year-old child, whose breathing could be heard throughout the house and even in the yard when I entered, yielded after a time to this treatment. The difficult breathing, however, was noted for at least three days after giving these remedies, and only yielded by the persistent use of them. Of course, all the fresh air possible, day and night, was allowed the sufferer, without considering the convenience of the nurses. This, I think, is an important element, and worth quite as much as the vapor of slaked lime or steam. An equally severe case occurred in my practice while in Government service at the Rose Bud Agency, Dakota. In this case the membrane extended to the lips. The mother carried the child in her arms during almost the entire time, covering several days, out of doors in front of her dwelling, and it was freezing weather. The last dose or two of the turpeth mineral was not expelled by vomiting, but produced a most drastic effect upon the elimentary canal. The serious symptoms began to subside after this effect of the remedy, and the case went on to recovery.

In both these cases, as well as many others to which I might refer, other children were in daily contact with the patients. Who ever heard of membranous croup being either contagious or infectious, or the membrane exciting a like disease in another exposed to its influence? The rules for isolation in cases of diphtheria show very well in what estimation that disease is held by the laity as well as the physicians. I should have said, that in all cases of membranous croup, nourishing food and stimulents should be used from the first. The fearful effort to obtain breath taxes the strength of the patient to the utmost. It is a fight for life, and the powers of nature should be aided to the utmost.

But I have already exceeded my limits, and will close with thanks for helpful suggestions from correspondents and from the editor of THE WORLD.

FORDYCE GRINNELL, M. D.
Pasadena, Cal.

The Classes Who Prevent Conception.

Editor MEDICAL WORLD.—The articles on prevention of conception which have appeared in the last few numbers of THE WORLD lead me to desire to add my "go slow" in the matter. Of six recent miscarriages in my practice all were married; and there is no question in my mind as to the cause in five of the six cases. They

Digitized by Google

were evidently, in my judgment, self induced. The sixth case, I think, was accidental, and the only one in which any just excuse could be given. The woman is not more than half-witted, has several children, and her husband was arrested, about a year since, on complaint of his step-daughter for bastardy. She miscarried twice within about a year. But there is not one of the plans mentioned for prevention that they would bother with a minute. And so with the hordes of people like them. In fact, they care very little. There are but two things that will meet the requirements here: they are old age and castration. Of the other cases all were young or in the prime of life; two were recently married and did not want a baby until they had been married a year or two at least. Three of them had two children each already and did not want any more. None were wealthy, but all were healthy. I do not suppose these cases are unique by any means. They are in exact accordance with the observations of a large majority of physicians. The conclusions to be drawn are simply these: The poor, the sickly, and, above all, the *degraded*, are not the ones who would use the measures suggested. It would be, above all, the wealthy; then the well-to-do; and especially that class, very numerous, who simply take a notion to get married, with no appreciation of what married life should be, and, of course, would never have children if they only knew how to keep from it, and still enjoy the pleasure. And then, last but not least, what a picnic the boys and girls would have if the girls only knew that by a very simple device they were just as safe from public disgrace as the boys. Let me repeat, doctors, *go slow*.

Why not take an open stand for castration as a legal way of disposing of a class of cases that might be termed vicious, physically or mentally?

Georgetown, O. A. W. MITCHELL.

Prevention of Conception.

Editor MEDICAL WORLD:—In November WORLD, "G" asks for information relative to the legitimate prevention of conception.

That this query deserves serious consideration, and that it is a legitimate question for us to discuss, I heartily agree; but that there is a legitimate way of preventing conception for the reasons enumerated is a "horse of a different color." Did "G" limit the indications for such interference to cases where such malformation in the anatomy of the pelvis exists as to preclude a reasonable hope for normal delivery, it would be different.

Between the lines of his article he plainly tells us that he believes there is a legitimate way to thwart one of nature's grandest laws, and one of the Almighty's commands.

Nature is very exacting. When you endeavor, even by "common-sense measures," to rend asunder established laws, you will pay dearly the forfeit which Nature demands. To what level is wedlock tossed when the mental and physical workshop is thus dishonored?

Use what means you may, and the wife forfeits her conjugal rights; and the result, too often, is seen in the over-excited sexual disposition, supersensitive and congested surrounding parts. Following these conditions we have engorgements, erosions and displacements. A "natural and harmless" means of preventing conception does not and cannot exist.

The argument that many wives are urged to submit at too frequent intervals to the sexual embrace by over-exacting husbands is not our responsibility, and is no excuse for our advising any means which tend to thwart uature, promulgate vicious sexual relations, and thus abet an evil so fatal to healthy moral, mental and physiological life.

The late Prof. Goodell once said: "Show me a house without children, and, ten to one, you show me an abode dreary in its loneliness, disturbed by jealousy or estrangement, distasteful from wayward caprice or from unlovable eccentricity."

To my mind, our duty as physicians is plain on this question. H.

Colo.

How May Conception be Legitimately Prevented.

Editor MEDICAL WORLD:—In the January issue of THE WORLD appeared several articles under the above caption. That the prevention of conception, under

Digitized by Google

certain circumstances, is legitimate and proper there is no question in any well-balanced mind. What those circumstances are is in the province of the physician to decide. If the matter could only be left to and be controlled by intelligent physicians, this country would soon produce a superior race of people. The legitimate controlling or preventing of conception should begin long before marriage; in fact, before reaching a marriageable age. It should be in a proper education—a knowledge of self. There is a deplorable amount of ignorance, even among the best educated and most refined, as to the sexual and procreative functions of the race. The stock-breeder makes the subject a study, finds means to legitimately prevent conception with his stock until such time and under such circumstances as is of the most advantage to the improvement of his stock. He may attend a stock breeders' association, discourse very learnedly on these important and vital topics, get half drunk with his friends, come home and abuse his wife, and while she is yet in tears impregnate her. In time she brings forth a child that is weak, perhaps half-witted and vicious. How can it be otherwise under such circumstances? More than nine-tenths of all the children born are conceived by accident—"didn't know it was loaded," as it were.

The early education is at fault. Boys should be taught that they are to become men, physically as well as mentally, and that they are expected to do their best to improve the race. Girls should be taught that to be a mother is the most glorious position she can attain. The society of bright, healthy children is far preferable and more elevating and refining than the opera, "zee altogether," a party of "high-flyers," etc.

If young people could only be educated so that when they are married they would place themselves under the direction of some sensible, honest physician, it would go far toward solving this question. The whole matter ought to be under the control of the women; but as it is not, it is well to devise other means. It is amusing to note some of the means suggested by some of the physicians. One great difficulty in the matter is, that if a physician teaches a method to some one who ought to know, she cannot refrain from telling her neighbors what the doctor said, and it takes only about two weeks for a whole State to know.

The suggestion of Dr. Monroe, an astringent suppository, is a very good one, but there are very few men who would want to submit to an inunction of an astringent ointment when there is no disease. The condom is an abomination; the French pessary a nuisance; onanism (withdrawal) the acme of nastiness; the douche, or injection, into the vagina when the uterus is engorged and excited is a source of much mischief and disease; the fine sponge, as suggested by Dr. Walker, is not always safe, besides it is extremely unfair to the woman, who is, perhaps, delicate and refined, as it would be left to her to purify the sponge ready for a new trial. She would hardly want to entrust the task to a servant, and the man would probably object to furnishing a new, expensive sponge for each occasion, especially for domestic use.

The best method I have seen suggested where such things must, or should, be done, is to take a piece of fine sponge the size of the end of the thumb, compress it and insert it into the os uteri. By its expansibility it will retain its position until removed. Even the sucking and gasping motion of the uterus during the orgasm will fail to dislodge it.

D. D. ROSE, M. D.

Burlington, Iowa.

[We doubt if one woman in twenty, so instructed, could accomplish the above. Also, there is no provision for its removal. What has the doctor's experience been?—ED.]

Prevention of Conception.

Editor MEDICAL WORLD:—I have been much pleased with the articles on "Prevention of Conception" in the January WORLD. I believe that if there is any harmless and effective preventative it should be made known to the medical profession, to be used by physicians in any and all cases where the woman from any cause cannot give birth to a living child. But the profession alone should know the means by which it is accomplished.

And I think that the public should be warned against those injurious meth-

Digitized by Google

ods with which they are all familiar, such as "premature withdrawal," or Onanism, which is only a specie of masturbation, and which not only undermines the health of both, but their love for each other as well. The surest and most harmless method I know is for the male to use a "membrane condom" (said to be made from the bladder or some part of a fish). It should always be moistened before adjusting, which will prevent any possible chance of tearing. Being composed of animal material and very thin it admits of a free exchange of "animal magnetism," and does not diminish the sensation in the least to either the male or female. The great fault is that when once given to a deserving couple they can and will give them to any and every one.

A harmless method, and one which, if true, is *the* method, is the one given by Dr. F. Hollick in his work on reproduction, entitled "Origin of Life." He says: "Conception takes place within sixteen days after a menstrual period, and usually within eight or nine days and at all other times impregnation is absolutely impossible, excepting possibly for a brief period before the actual cessation."

1. Is Dr. F. Hollick's theory correct? 2. How frequent on an average can connection be practised without injury to either party? 3. How often should it be engaged in for health? 4. How frequent do you suppose it is engaged in on an average by married couples? These are important questions, and ones that are frequently asked; but, I am afraid, not always satisfactorily answered. Will the editor or some of the older M. D.'s undertake the task for a young doctor and the many readers of THE WORLD?

West Virginia. X.

[Study ovulation in your physiology and you will understand the basis for the theory mentioned by Dr. Hollick. It has been proven over and over that impregnation can occur at any time during the interim between menstrual periods; but, as a matter of fact, impregnation is much more likely soon after cessation, and correspondingly less likely further on in the interim.

As to frequency of copulation by married couples, there is wide diversity. Some remarkable instances are on record of copulation every night (of course, excepting menstrual periods) for a succession of years. These are, as they should be, very rare On the other hand, because of repugnance, disability or disinclination, some couples exercise this function very rarely or not at all. The happy or normal mean is difficult to place. Once a week is about as near as it can be placed, after the novelty of early married life has passed. What would be normal in good health, vigorous prime of life, healthful and active occupation, fortunate mating and happy conditions would be abnormal with these conditions reversed. During pregnancy, particularly when advanced, it is physiological for the male companion to not be inclined to exercise the sexual function. When this is not known, the husband may think he is losing his virility.—Ed.]

Medical Journals Should Not be Lent to Lay Readers—Delicate Subjects Cannot be Discussed Publicly.

Editor MEDICAL WORLD:—Your suggestion that a certain issue of your valuable journal be guarded from the lay public is timely and good. Why not apply it to all medical journals? In my own younger days I was occasionally tempted to show a medical journal to some lay friend; in every instance I have regretted doing so, and for several years I have guarded my journals and my books from people who would misconstrue either my motives or my journals. Few articles are comprehensible to the laity. They fail to grasp the spirit of charity that pervades our professional thought, and the spirit of "get something for nothing" is as strong in most people that they remember the very things in our article that they should not, while they overlook the points we desire to impress. I remember reading a very nice description of a surgical operation to an interested party, with the best of motives, and for the benefit of the family of my listeners. She went away and told her neighbors that my office was full of "butcher books," and that I was "one of those New York doctors that liked to cut people up alive." Good enough for me. I deserved it, but I make that mistake no more. Doctors do

Digitized by Google

not associate with each other enough; and the enthusiastic country physician gets lonesome for some one to talk to, but he makes a serious mistake when he talks with the laity about the contents of his books or journals. I know a doctor who carries his limited stock of journals around with him, and leaves them at the homes of his patients. I have known some of his patients to cut prescriptions out of these journals and take them to the drug store and get them filled. I know others who laugh at this doctor and call him "soft" for so doing. The questions that now engage THE WORLD, *The Council* and other journals, are being discussed for the welfare of all mankind. We want free discussion; but for one I cannot discuss them freely with the public, nor with any member of our profession who will turn the articles over to be misconstrued by those who have never studied the subject, and who have not followed both sides of the argument. Oh! that the profession could come together in the proper spirit and help the world at large to carry out so many needed reforms. But as it is now, we try to do for the public at the expense of the profession. A man tells me that creosote will cure every case of consumption; he knows it; he read it in one of Doctor B's medical papers, and he censures poor Doctor C because he loses a case of consumption. How Doctor C must admire the doctor who lent that journal. The time has not yet come that we can take the laity into our confidence. How can we trust the public until we can trust each other? Our profession has done much for suffering humanity that has never been appreciated. Most of the brilliant ideas of sanitary reform and board of health work has been donated by the profession. We are in line on all moral reforms. Let us keep on trying to better the condition of our fellow creatures, but let us not be too eager to announce new and untried ideas to those not sufficiently educated to judge their merits. Let us read our journals more carefully ourselves rather than give them to our lay friends that the profession be damaged by a superficial reading by those who have no sympathy for the profession nor for suffering humanity, and who lack both education and judgment to properly interpret and apply the ideas of those who unselfishly write the profession for the benefit of all mankind.

Mich. A. M. ERICAN.

[In a private letter accompanying the above article, the doctor says to keep up the articles on economics; and that he has just converted "three hardshell Democrats and Republicans." Perhaps we can construe "hardshell" as we wish, and that these three were converted from partisanism to broad humanitarian thinking. But would the Doctor confine these economic articles to the profession? Many of our readers pass them around among their patrons. The leaves could be cut out and passed around. But a better way is to have the articles published in your local paper. Many do this, and this is the best plan to pursue. But don't stop there. Follow them up by similar articles from your own pen.—ED.]

Arbutus for Albuminuria.

Editor MEDICAL WORLD:—In the Quiz Department of January WORLD Dr. A. L. D., of Arkansas, wants treatment for albuminuria. I would like if he would try trailing arbutus, sometimes called "gravel plant," in his case, with hot or vapor baths. I have had such uniformly good results with it that I think it would do him much good. The infusion of the plant is better than the fluid extract. In some cases, adding a little nitrate of potassium increases its action. If he wants to try it, I will send him the plant if he will report its effect to me later, as I am trying to get enough statistics for a paper.

S. SHAUWECKER.

Shanesville, Ohio.

DEAR DR. TAYLOR:—Thanks for the galley slips you sent me several days ago. The reading has been completed, and I have given some thought to the clear and cogent expression of your views. There is little to dissent from, and much most warmly to approve. The imitation of the Swiss laws seems to me imperative, if our land is to be rescued from time-serving and corrupt politicians.

Of course you are not Briareus nor Hercules, but could you not bring your

Digitized by Google

strength to bear upon the disgraceful methods of advertising, directly or indirectly, by reputable members of the profession, in newspapers? Do you want to know who Dr. ——— is? Behold his picture in a daily! Do you desire information as to his skill and knowledge? Read the newspaper account of an operation he has done at ——— Hospital. Do you want his opinions about "bikes" or babies, vaccination or antitoxin? A newspaper reporter has ascertained and put it in cold type.

Then, again, another evil demands professional and popular condemnation: The unnecessary multiplication of hospitals, and especially appropriations made by state or city, to simply private institutions, conducted solely in the interest of the professional proprietor.

The profession, I believe, need to be aroused to these great evils, evils that are bearing their fruit in considerably contributing to the "Passing of the Physician," as described in a recent editorial in a New York medical journal.

I have been a member of the profession for nearly forty-five years, but never have I known so much of commercialism, of trade-ways, as are prominent to-day in medicine.

[The above are selections from a private letter received from one of the "old guard" in medicine—one of our most eminent authors and teachers. His name cannot be given without first obtaining his consent, but the above is the *thought*. These pages are a medium of interchange of thought; and sometimes the thought that is privately expressed is of greater interest than that which is culled and pruned for the public eye.—Ed.]

Liver and Stomach on the Outside.

Editor MEDICAL WORLD:—Pardon me for doing what I often have been tempted to do—write a short article to THE WORLD, as I get so many hints and helps from the WORLD family. I will report a case to let Bro. L. Bowman know some of nature's freaks in the West.

Examining my note book, I find the following: On April 23, 1894, I was called to see Mrs. H., mother of six children, and at this time in the seventh month of pregnancy. When I reached her the amniotic fluid had passed, and in less than ten minutes a female child, perfectly formed, was expelled; weight, four pounds. After detaching it, I handed it to the nurse and gave my attention to the mother. I noticed that the pains were hard for expulsion of the placenta, and made an examination. I found that I had another child to deliver. When the membranes ruptured this time the fluid was so excessive that it ran off of the bed, and ten or twelve feet across the room (no carpet on the floor). With the next pain a female child, weighing three pounds, was expelled; feet, legs, hands and forearms deformed, head, neck and chest were perfect. There was a fissure from the ensiform cartilage to the umbilicus; the liver and stomach protruded through fissure. The umbilical cord was about three inches long and passed through the fissure and diaphragm. Child gasped two or three times and the heart continued to beat twenty-five minutes. The perfect child lived ten days. J. FLEETWOOD REED.

Iowa Park, Tex.

Atropine in Anesthesia.

EDITOR MEDICAL WORLD:—In extracting a tooth, it will be found by examining the pulse that the heart misses or skips a beat at the time of extracting. Why? Because the shock given to the dental branch of the fifth nerve is carried to its central ending, and being so great and sudden, is conveyed to the vagus, whose origin is near that of the trigemimus, as some of the sensory fibres are found to arise down even into the medulla past the calamus scriptorius, thereby coming in close contact. By this transmission it stimulates the inhibitory fibers of the vagus to such an extent that the heart fails to contract for the period of one cycle; then comes a fluttering or rapid contraction of the cardiac muscles for a few beats, and there again comes the regular cardiac movements.

We have also a paralysis of the vaso motor center, which lies in close proximity to the above-mentioned centers, and a subsequent return to their normal functions. This is the case when the extraction is done without the use of an anesthetic. But what is the result when

Digitized by Google

anesthetics are used? It is a well known fact that a great proportion of the deaths reported from chloroform happen in the dental chair with the accompanying report of those present that the subject had only taken a "few whiffs and was only partly under." So much the more dangerous. Chloroform, of itself, is a paralyzer of the central endings of the sensory nerves as well as motors. The respiratory centers with the vaso-motor and cardiac inhibitory are the last to be paralyzed; but complete anesthesia cannot be had without a depression of their respective functions. Neither can we have partial anesthesia without inhibiting their functions to some extent and making them less responsible for their failure to perform their functions after receiving a shock such as is given to them after a tooth has been drawn from its alveolus. We have a rapid weak heart with a decided lack of vaso-motor tension, and when the shock is transmitted from the trigeminus to the vaso-motor center in its present weakened condition we have paralysis of its function, dilation and complete relaxation of arteries and arterioles, and with the patient in the partial upright posture, the blood immediately seeks a lower level and leaves the brain, and accompanied with this we have an enormous stimulus given to the inhibitory fibres of the vagus, which causes the heart to stop at once and thereby returning no blood whatever to the brain; and with the drain upon it by early inhibition of the vaso-motor center, with a weakened heart and the subsequent paralysis of all vaso. motor force, the brain substance is left very markedly anemic, to such an extent that all its functions cease at once without a moment's warning. The attendants are much surprised at the sudden death and attribute it to pre-existing morbid condition of the heart, which may be present in certain cases, but not necessary to the foregoing result.

Certain precautions would obviate such a result. In the first place, a dental chair is no fit place to anesthetize a patient. He should lie flat upon the back with the head on a level or a little below that of the body, so that when the heart becomes enfeebled and arterial tension lowered, as it certainly must, the brain will not suffer disproportionately for the want of blood.

The pulmonary circulation must be thought of and looked after also, and in the supine position we will have the blood more fully oxidized and in a better condition to sustain the functions of the brain and spinal cord. And in case of temporary vaso-motor paralysis we do not have the immediate drain of blood from the cerebrum, but have in its place a normal supply of comparatively well aerated blood to enliven the functions of over-stimulated and temporarily paralyzed functions, thereby giving the heart another impulse, contracting the arteries and arterioles, driving the blood on to aeration, and to perform its different functions, and thereby tiding the life of the patient over and hastening return of the other functions, both cerebral and spinal.

But, with the above-mentioned precautions, there is great danger in incomplete anesthesia and it should never be practiced. If the cardiac and respiratory centers will not allow of complete anesthesia they certainly will not be of much use when they are half paralyzed and then receive a shock such as is given them by the extraction of a molar. Extraction should never take place until the most complete anesthesia is procured; and then it can be done with safety as far as the operation is concerned, for the sensory centres are completely paralyzed and can transmit no impression to the other centres; hence, we have no further disturbance there than that given by the chloroform itself, and the heart will not even miss its beat as it does when all the functions are acting.

To be on the safe side is better far than to risk the life of the patient; and as belladonna and its alkaloid, atropine, have a decided stimulating effect on the accellerator fibres of the cardiac and the vaso-motor system in general, it is better to give hypodermically before an operation of any kind a minimum dose of atropine; then, if complete anesthesia is not procured (as is not even when we think it is), we have the good effect of the atropia at the time of the shock to stimulate the heart to action, and the vaso-motor system in general. By giving

Digitized by Google

it before the chloroform we prevent the lowering of arterial tension and the rapid, fluttering heart to a certain extent, leaving it in a much better condition to withstand the shock given it by the operation.

J. D. BUSKIRK, M. D.
Grandville, Mich.

An Outsider's Comment on the Pneumonia Discussion.

Editor MEDICAL WORLD:—Although not a physician, yet I frequently have opportunity to read THE MEDICAL WORLD. In the February number I find three communications in regard to the treatment of pneumonia, by Drs. West, Anderson and Greenfield. My non-medical mind is greatly impressed by the diversity of their treatments of this disease. Dr. West would begin his treatment by bleeding; the first thing that Dr. Anderson does in such cases is to vomit his patient; while Dr. Greenfield would do neither. I am moved to ask if this is the best showing that can be made by the medical fraternity at the close of the nineteenth century, in regard to the treatment of so common a disease? Drs. West and Anderson seem to give good reasons for their mode of treatment. Dr. West claims that the blood of a person suffering from pneumonia is charged with toxic poison, and that therefore it is rational treatment to relieve the patient of this poisoned blood. Dr. Anderson claims that in such cases there is an overabundance of bile in the stomach and duodenum, which, if not removed, would be absorbed into the system, and therefore he claims that it is entirely rational to remove said bile by vomiting. If what they say is true, then to the legal mind it would seem to be entirely logical to both bleed and vomit in such cases. And it would further seem to be an irresistible conclusion that if the above two conditions actually exist, then a physician who does not bleed and vomit his patients is guilty of malpractice. The practical question therefore seems to be whether or not in such cases the blood *is* so poisoned, and whether or not the stomach and duodenum *are* so overloaded with bile. It seems to me that the subscribers of THE MEDICAL WORLD ought to be able to forever settle this question, and to conclusively confirm or discredit the above two modes of treatment. There is no better method of settling such questions than by correspondence in the columns of a medical journal, and I trust that the editor of THE MEDICAL WORLD will call for an expression in his columns of his subscribers on this question. The interests of suffering humanity would seem to demand a permanent settlement of these two modes of treatment, either for or against. LEX.

[When the lawyers get after us we have to get down to "dots." It is a good thing for us to occasionally be forced to see ourselves as others see us, but it is sometimes rather severe. We will say to "Lex" that sometimes at the beginning of pneumonia, and other diseases, there is excess of bile in the stomach and duodenum. When this is true, the first indication is to remove it; and by emesis is a good and prompt way to do it, but not the only way. This condition would be likely to occur quite constantly in malarious districts. Perhaps Cornelia, Mo. (Dr. Anderson's residence), is in such a district; if so, this treatment would be quite generally applicable there, whereas it might not be applicable in other sections. Also, in the Indian Territory, where Dr. West lives, the people as a rule may be full-blooded and plethoric, and bleeding in pneumonia be quite the thing for them, while it would be distinctly contradicted in delicate people of other sections or of cities. If "Lex" were a physician, he would know the difference between treating the disease and treating the *patient*. As to the pneumo-bacillus, that is not a definitely settled question as yet; and until it is settled, we must pursue our old and established lines. We must not give up the old until we get a new that is demonstrated to be better.—ED.]

The Drug-Habit.—Self-Prescribing.

Editor MEDICAL WORLD:—Excessive drug-taking is a great evil. The habit is all too prevalent. Nearly every family keeps on hand Dr. Pilgarlic's Universal Panacea, good for all ills, internal and external—a sovereign remedy under all circumstances. Old remedies become obsolete, and new ones come in by scores to take their place. "Haarlem oil," "Elixir

Digitized by Google

pro," Hot drops, "No. 6" are succeeded by modern synthetics and coal tar derivatives.

The resources of advertising have given us a free campaign of education in quasi medico-therapeutics. Printer's ink, the camera, the artist's pencil and the painter's brush are worked to their utmost to place and keep constantly before the people the wondrous virtues of new preparations. The daily paper, the literary magazine, the religious periodical, the fly leaves of cheap novels offend the sight with ever present display medical advertisements

Millions of patent-medicine almanacs with grusesome cuts of the fetid sores of victims of loss of virility, or covered with scrofulous sores, mingled with phases of the planets, aspects of weather, eclipses, and "Take only Dr. Gullem's Specific" are annual visitors to every household, and penetrate even to the remotest hamlet in the land.

Even the sanctuary is not free from this ruthless invasion. It is told that a poor chapel accepted a donation of hymn-books from an enterprising firm, and the people were startled at this unusual rendering of a favorite hymn:

"Hark the herald angels sing,
Beecham's pills are just the thing;
Peace on earth and mercy mild,
Two for man and one for child."

Even your druggist when he fills the prescription for your patients does a good stroke of advertising for his wares by tucking in a flyer stating that "Pestle's Pumpernickel" is the only sure cure for the very complaint you are presumably treating your patient for.

Verily the doctor "is wounded in the house of his friends."

The doctor himself is not wholly blameless. He, too, often reveals the agencies he uses, even to advertised and proprietary nostrums, and frequently indulges in the luxury of a clinical lecture at the bedside, to display his wisdom and learning, with the patient for a text and the family as an audience. They would be dull indeed if they failed to profit by his gratuitous medical teaching.

Through such agencies, the laity are enabled to talk glibly and hold discussion with the doctor respecting the phases of disease and the uses and relative virtues of the recent drugs introduced in medicine. Sometimes they even question the doctor's diagnosis and assume to instruct him as to what they must have or will not take, and presume *as a right* on knowing what drugs the doctor is using.

Ignore it as we may, this is the pass to which we have come.

Tablet-making and using opens up another avenue for self-prescribing.

Shrewd tablet-makers stamp certain letters or devices upon their wares, avowedly to prevent substitution, but practically to enable the great public to prescribe for themselves and increase the demand for such goods. Short-sighted doctors put into the hands of their patients such labeled tablets, possibly not realizing that when again similary ill the patient will go straightway to the druggist, perhaps with a sample prudently saved, get the medicine, mayhap relieve the ailment, pay the druggist his profit, and certainly ignore the medical man and his fees. Thus the Doctor legislates himself out of his legitimate business.

The unmeasured abuse of cathartics comes under this head of self-medication. Constipation with its common attendant, hemorrhoids, is perpetuated and aggravated by the universal habit of taking physic. There is wide demand for a good "opening medicine." How generous a provision has been made to meet the popular demand for cathartics may be appreciated when we take a census of the multitude of drugs and their combinations placed on the market for this purpose.

From a vest-pocket list now before me, issued by a reputable drug house, I find by actual count that they manufacture sixty-one different kinds of cathartic pills. In another I find sixty-five, another ninety-three, and still another one hundred and sixteen. Add to these the unofficial pills, the tablets, tinctures, fluid extracts, syrups and vaunted teas, and it will be evident that no more in his line are wanted at present.

Self-prescribing is not always safe or pecuniarily profitable. Witness the opium fiends, chloral users, cocaine takers, alcoholics—all that vast army of abusers of stimulants and narcotics,

Digitized by Google

that take them, not only without medical sanction, but in direct opposition to urgent medical counsel.

Every medical man can call up from his experience cases in which self-prescribing led to untoward results.

Having just returned from an autopsy on a young woman who died from taking an overdose of a cough mixture, suggested to her by a non-medical friend, I am ready to pass in review some of these cases that now recur to me. In this case the mixture taken consisted of equal parts of laudanum, spirits of camphor, essence of peppermint, and balsam of fir. In one night she took about two and one half ounces of this, making about five drams of each ingredient. In the morning she was found in profound coma, from which she never was awakened. Autopsy confirmed that death was due to the opium in the cough mixture.

About a year ago I was called to see Mr. H., a man of means and high standing in the community. On rising in the morning he fainted. He was unable to stand, or sit upright on account of actual "heart failure." No history of his illness was obtainable. To sustain and strengthen the heart was the obvious thing to do. In about two weeks he was able to walk about with care. He was taken to the Hot Springs of Virginia, where after a couple of months he was fairly himself again.

Then I learned more of his history. He had read in the *New York Matutinal Sphere*, in the column devoted to the spread of medical knowledge, under the care of a reputed M. D., that phenacetine was good for the grippe—doses not stated, and no cautions given. Believing himself to have epidemic influenza, he had set about curing himself with phenacetine, and only by a close shave did he escape being the central figure at a "wake."

To save the doctor's fee of ten or fifteen dollars, he lost months of valuable time and expended several hundred dollars—and paid the doctor's fee besides.

In the summer of '95 there came to my office a Mrs. C., attended by her husband. She had consulted several doctors in regard to a harrassing cough, but had failed to get relief. She wanted the cough cured. Examination revealed extensive tuberculosis. I advised her as to her actual condition, and of the futility of stopping the cough. I saw no more of her for a year. I was then called in haste. Found her in collapse, struggling for breath, covered with cold, clammy perspiration, cyanotic. Informed the family that she was dying. A council of physicians was called, but she soon expired.

The history showed that she had been suffering from headache, and her husband had procured from a near-by drug-store some vaunted headache powders, which she had taken. She became stupid, incoherent, prostrated, alarming the family, and I was called in.

The powders contained, among other ingredients, antipyrin. In her enfeebled condition her heart could not stand the depressing action of this dangerous coal-tar preparation.

For 40 years Mr. C., her husband, had taken daily more or less of Bargold's Balsam, a proprietary compound, kept on hand as a household remedy. It gave him comfort and relief for his many fancied ills, and he could not do without it.

After the sudden death of his wife he felt even more the need of his comforting balsam, and for a time he took an entire eight-ounce bottle of it daily.

The mixture is put up as a remedy for diarrhea, dysentry, colic, cramps, etc., and evidently contains considerable opium. The printed directions are: "One teaspoonful hourly for 3 doses, and if not then relieved, consult the doctor."

September 1st I was called to this man. He had become a physical wreck. Appetite and digestion had failed, constipation inveterate, eyes glassy and staring, skin sallow and dry, and nausea and vomiting such that neither food nor drink could be retained. He had lost all ambition, not even leaving his room for days, and had spells of crying, and wishing he was dead. His only comfort was a little more of the balsam. In short, without knowing it, this man had become a confirmed opium habitué.

By gradually withdrawing the drug and substituting something to satisfy his crying nerves, we did hope for a time to restore his lost manhood, but I am sorry

Digitized by Google

to say that he has relapsed, and is still wallowing in the mire.

Mary B., 22 years of age, of good family, suffered much at her menstrual periods. In some way she found that phenacetine gave her relief. Eventually she felt that she needed it at times other than her monthly periods. She got into the habit of taking it in increasing and more frequent doses. She became pale, bloodless, debilitated, unable to walk hurriedly or climb a flight of stairs without being prostrated; fainted on the least provocation. The case looked like one of chlorosis, and yet it bore the stamp of uncertainty. She denied taking or using drug or medicine of any kind. Later, her bosom companion revealed to me confidentially what Miss B. was habitually taking to satisfy a craving desire for it. Stop it? She has tried to, doubtless desires to do so, but the habit is as strongly confirmed as ever was that of opium taking. I suspect that she still occasionally falls from grace.

The moral of all this is that it is wiser for the laity to pay more attention to sanitary living; to cultivate good habits of life; take proper exercise; breathe pure air; dress becomingly; eat wholesome, properly-prepared food; use plenty of water internally and externally; avoid excesses of all kinds, and the need for the doctor's services will be greatly diminished. But when, in spite of wise precautions and right living, sickness and disease do come, call in the medicine man whose life business it is to detect and understand the varying phases of disease, and who is familiar with, and should be master of the agencies for alleviating pain, mitigating suffering, curing disease and prolonging life.

Brooklyn, N. Y. BENJ. EDSON, M.D.

Chloroform in Labor.

EDITOR MEDICAL WORLD:—

I read the article by "A Doctor's Wife" with the greatest interest. Her article is good and well founded. Since she has children of her own, she can speak from experience. I can well remember the time when I would not give chloform in labor at all unless the husband would call in a brother physician to assist me. I allowed many a poor woman to suffer when I could have given her much relief. I was not at fault; it was my teaching. All cases do not require chloroform, but many do, and should have it. If properly given it seldom prevents uterine contractions. It should not be given to complete anæsthesia—only enough to make the pains less sensitive. By relieving sensation the patient is able to use a greater amount of expulsive force, thereby adding progress to her labor. I never gave chloroform to a woman during confinement but what she thanked me for it afterward. All claim that labor is made more bearable by its use. We should not abuse its use, but give it only to such cases as require it. I never allow an inexperienced person to administer the chloroform, but I give it myself, and then only during a pain. My patients are always aware of everything that takes place around them while taking the chloroform. I have yet to see a single unfavorable symptom from chloroform given during labor pains. Since chloroform poisons by paralyzing the centres of respiration, and uterine contractions stimulate the respiratory centres, there can be little fear of poisoning at such times.

I find it necessary to make a special study of each case of obstetrics; this alone enables the attendant to give his patient a considerable amount of relief. I don't believe in doing something simply for the sake of being busy; but well-directed efforts never fail to win the good-will of our patients. It is the duty of every physician, when called to a case of confinement, to carry a well-supplied obstetric bag. Too many of our country doctors go wholly unprepared. Should an emergency arise they are unable to meet it on anything like scientific grounds. While many brilliant results may have been achieved with comparatively nothing to do them with, yet we feel much more at ease when well equipped.

J. M. SIMPSON-MARTIN, M. D.
Massey, Texas.

Asthma Caused by Uric Acid.

Editor MEDICAL WORLD:—I do not believe that this affection *per se* should be called a disease any more than dropsy.

Digitized by Google

Both, I feel assured, are the resultings of other diseases. During the past year the opportunity has presented itself to satisfy me (acting on a hint seen in some foreign journal) that asthma is often the result of a uric acid diathesis. In rheumatism, asthma is very often an accompaniment. A patient of intelligence said: "When I have the asthma I have no rheumatism, and *vice versa*." A recent discussion in the Union County Medical Society, N.J., well ventilated this subject, and there is a growing belief that future observations will prove this conclusion. It is not asserted that all asthma is so caused; but when asthma occurs in a rheumatic patient, cure the rheumatism and you cure the asthma. This has been my later experience.

Rahway, N. J. E. B. SILVERS.

Antitoxin in Croup.

Editor MEDICAL WORLD:—In the January WORLD I see the question asked, what about antitoxin in croup, membranous, of course.

Without going into any discussion of the old methods of treatment, suffice to say in true and genuine cases they have all died promptly, when counsel was called as well as when alone. Have used all the remedies I have seen mentioned, and used them vigorously, early and diligently.

Now for a case in point: January 7, 1895, I was consulted by the father of Jessie R., 4 years old, on account of hoarseness; in questioning him I found that the voice at times was entirely gone. I prescribed for her and told him I would see her that night, and found her playing around, and only at times could speak audibly. Told them my fears. Saw her next day and found some improvement, and did not see her January 9, but early on the morning of January 10, saw her and found the voice entirely gone, and severe coughing and strangling spells came on. During one of these paroxysms of coughing and strangling, in my absence from office, a neighbor physician was called in and examined her, and told them she could not live over night. On my return I visited her and was told what the neighbor physician had told them. Then was my time, and I put in a plea for antitoxin. I told them I had never used it in membranous croup, but believing it to be identical with diphtheria, wished to try it. Knowing they had nothing to lose, they consented. Ten cc. Behring's red label was used, and all given at one injection, on chest, about 9 p. m., January 10, 1895. That night she had several paroxysms of coughing, very severe, but toward morning rested easier and made a complete and uninterrupted recovery, and has enjoyed good health ever since.

No. 2.—May 10, 1896. Called to see Helen O. N., 14 months old, with fever and sore throat. Low down on the tonsils patches of membrane could be seen, but they did not spread. That night the breathing became oppressed and voice was gone. May 11, found her in this condition; ordered Behring's white label for children, gave one bottle; same point selected for injection as before. Breathing soon began to improve, and she had better rest and could make a noise above a whisper, but toward evening began to tighten again. Gave her a second bottle tle same kind and same place, which completed the cure. The mother developed diphtheria and I used a red label bottle of antitoxin serum on her with complete recovery. No other treatment, except a laxative to open bowels. None of the rest of the family were attacked.

This is my experience with antitoxin in membranous croup.

J. C. HAZLETT, M. D.
816 Wood st., Pittsburg, Pa.

Antitoxin in Diphtheria.

Editor MEDICAL WORLD:—Having read with much interest the articles in the January number of THE WORLD on diphtheria, I cannot refrain from adding my mite to the evidence in favor of antitoxin, and particularly am I prompted to this course by Dr. J. W. Gibson's article.

The concensus of opinion of medical writers of the present day is, that membranous croup and laryngeal diphtheria are identical conditions; and I am told that our leading hospitals of the east have discarded the term of membranous croup, calling all cases which were formerly designated by that name laryngeal diphtheria. This is a sufficient cue to the treatment.

My experience with antitoxin has not

Digitized by Google

been very extensive, but covers a period of three years, and the results in every case have been most gratifying. For brevity's sake I will report but one case, my own.

On November 19th last, I was called in consultation to see a little girl, æt. two and one-half years. She had been sick since November 14th with a slight cough, malaise and anorexia, but having grown much worse in the last twenty-four hours, her physician suspected laryngeal diphtheria, and requested me to see the case with him. Upon examination we found the ordinary symptoms of that disease in an advanced stage, pulse 130 and quite feeble, temperature 102.5 in the rectum, hoarse rasping cough, voice lost, face and lips cyanotic, respirations rapid and very labored. The child was tossing about from one position to another in a vain effort to get more air. In the throat we found an innocent looking patch of false membrane on the right tonsil about the size of a coffee bean. The attending physician asked me if I thought it a proper case for antitoxin, to which I replied: "It unquestionably is, and no time should be lost in administering it." This was at 10 a. m., and I made an appointment to meet him at 3 p. m. and use the serum, for I could not procure the necessary articles sooner, as I was several miles from home. At 3 p. m. we found the patient very much worse, and it then seemed that the little one would not live to exceed two hours. While we were preparing the injection one of the nurses came in and said, "It is no use; she is dying." I thought that we had better give the serum on the theory that, "as long as there is life there is hope." So we gave 1,500 units of Mulford's serum, also we recommended small doses of whisky every hour. I left word to be notified at 9 p. m. as to the patient's condition. At that time I learned that she was breathing a little easier, and seemed somewhat stronger. As soon as I could reach her home we administered another dose of 1,500 units and also advising the nurse to give tr. fer. chlorid. gtt. iv every two hours, whisky to be continued. Next morning the patient was better in every way except the breathing, which continued to be very much as on the day previous. She was allowed to inhale the fumes of slaking lime and the other treatment continued. On the 21st she expelled some very large shreads of false membrane, and from that time her recovery was very rapid and uneventful. On the 23rd she was well except for a slight hoarseness and some loss of strength.

This to me was a very interesting case, as I thought death would be the inevitable result, and so informed her parents. If I had entertained any doubts of the efficacy of antitoxin, this one case dispelled them. I felt sure I was throwing the serum away on this case, it looked so hopeless.

You will observe that the doses used in this case were of the full adult size; I did not wish to make the mistake of not having them large enough.

There is one point I have not seen referred to in THE WORLD'S articles on diphtheria, namely, the use of Loeffler's solution of toluene as a local application to the deposits in the throat. While the antitoxin is able to destroy the Loeffler bacillus, there are other pathogenic germs which may cause the death of your patient independently, if not properly guarded against. After numerous experiments, Loeffler gave the following to the medical world as the best:

R	Alcohol . . .	60 parts
	Toluol . . .	36 "
	Liq. ferri sesquichlorati	4 "

It has since been improved as follows:

R	Menthol . . .	10 parts
	Creoline . . .	2 "
	Sol. ferri chlor. .	4 "
	Toluol . . .	36 "
	Alcohol qs. ad . .	100 "

This should be applie on a cotton swab to the spots of deposit every three hours until the temperature falls to normal, and then three times a day until recovery takes placs.

In my opinion antitoxin is our most powerful weapon in combating the scourge of diphtheria, and when used early and in sufficient doses, combined with antiseptic applications to the throat and supporting medicines internally, the mortality will be very small indeed.

In the case reported above, we were not able to use the toluene solution on account of the patient's age. We made

Digitized by Google

two successful trials, but could not use it afterwards on account of the struggles of the child. My observation has been that in cases treated with the serum, instead of having a long convalescence of weeks, the period of sickness is reduced to a few days; and it strikes me that this consideration alone ought to be sufficient reason for using it, granting that diphtheria is not usually a fatal disease, and that most all cases will recover under the use of the ordinary treatment, which, however, I do not grant to be a fact.

The only unpleasant symptoms I have ever seen arise from the use of antitoxin are the following: soreness in the tissues at the site of injection lasting a few days, and occasionally an eruption of urticaria, which subsides in 48 hours. The soreness can be obviated almost entirely if the operator will take plenty of time and inject the serum slowly.

One word and I have done. It gives me much pleasure to receive THE WORLD, as it covers such a vast scope, and each issue seems more replete with good things than the one preceding. Dr. Waugh's articles are worth to me vastly more than the price of the journal; next, the esteemed editor's valuable articles on economics affords me a large amount of pleasure and profit, and the medical fraternity cannot do better than study and digest every one of them.

No. 1330 Grand ave., F. J. IUEN.
Kansas City, Mo.

[There is quite a general misunderstanding as to how antitoxin acts. It does not "destroy" the Loeffler bacillus. In fact, the bacilli can live in the antitoxin serum. It is not the bacilli that kill the patient, but it is the poisonous excretion from the bacilli that kills the patient. The antitoxin neutralizes this poison, and thus cures the patient. The word antitoxin means *opposed to poison.* If it killed the bacilli, it would be called diphtheritic bacillicide. . It seems that the bacilli themselves do very little harm; they run their course and become extinct; but the danger is in the poisonous excretions thrown off while they are running their course; and it is this poison that the antitoxin antidotes. Let us keep these facts clearly in our minds while thinking or writing on this subject.—Ed.]

Is Membranous Croup Diphtheria?

Editor MEDICAL WORLD:—Glad to see antitoxin mentioned in membranous croup, or, as some contend, laryngeal diphtheria. But why is it, though, the most speedily fatal form? It is the only form of diphtheria entirely wanting in the contagious element. I have seen twelve fatal cases of membranous croup in twenty years. They were not isolated—no anti-septics or disinfectants used. Still, I never saw the second case in the same family but once, and they were two years apart. There was a large family of children, some younger, some older, and no other cases. If antitoxin is a remedy in membranous croup we would be glad to know it.

There is seldom a case of diphtheria seen here. Though we have occasional cases of membranous croup, which are generally fatal, though the contagious element seems to be entirely left out.

J. W. KENNEDY, M. D.
Lewisville, Texas.

Various Topics.

Editor MEDICAL WORLD:—The January WORLD is an improvement on its predecessors, if such is possible. The new, and so far as I know, original idea (page 3) of submitting difficult cases to eminent physicians, is a feature which will be appreciated by all who are not too old to learn, or who do not think they know enough already.

It is pleasing to note that THE WORLD has decided to cease its visits when the subscription expires. A physician who cannot send the cash would better wait about sending his order. If one is anxious for a paper to continue to come, he will remember to send the cash—at least when the paper stops. I remember some years ago I was so anxious for THE WORLD to continue to come that I kept sending money until I was five or six years ahead; and one of the editors wrote me to withold my "generous hand." I am now a paid-up subscriber for eight years. I think I know a good thing when I see it, and though I may not live to read it, some one else will be benefited by it. Yes; stop the paper when the time expires. It is the only business plan; besides, it is sometimes a difficult and delicate matter for a reader to stop a

Digitized by Google

paper. It is generally the paper you do not want that "sticks to you closer than a brother." Some years ago, desiring to stop a paper, after meditating over the best plan, I wrote that my eyes were bad, which was true at that time. In due time I received a letter from the editor, saying my wife could read the paper to me; so it continued to come.

I read with interest the articles on antitoxin. I am particularly interested in that from Dr. Lockhart (page 12). During a practice of nearly a quarter of a century, I suppose I have not seen more than twenty-five cases of diphtheria, though I treat many cases of sore throat every season. Just now, while the antitoxin treatment is fashionable, there seems to be an unusual number of cases of diphtheria. You read more of this treatment now than you will a few years hence.

Dr. Watt (page 31) is right when he says: "When we begin to study individuality we cease curing diseases and commence to cure sick people." We should never forget for a moment that we must treat the patient and not the disease. When the brilliant R. G. Cowling, whose voice is now, alas! forever silent, once said to a body of English surgeons, that the forte of the American physician was to "treat disease," he should have said, *to treat the patient.*

If there are no other symptoms than those given by A. L. D. (page 34) I do not think it certain that he has chronic Bright's disease. Every physician should read the articles by "A Doctor's Wife." "There is more truth than poetry" in what she says. C. KENDRICK, M.D.

Kendrick, Miss.

Cinnamon in Surgery.

Editor MEDICAL WORLD:—As you ask for details for using oil of cinnamon as a disinfectant in surgical work, though there may be better methods, my method in military and civil service is pretty much as stated in my article in January WORLD. True, only a small amount of the oil dissolves in water, but only a small amount is needed; for it acts like magic. In a recent wound of any kind, after stitching or whatever may be needed, I keep a compress wet with the aqua cinnamomi constantly applied until healing is complete, which usually takes place without suppuration.

With me it takes the place of listerine, corrosive sublimate, and indeed of everything else. It is pleasant to use, cleanly, non-toxic, safe and cheap. As a douche after parturition it is ideal, not often requiring to be used more than two or three times. I add 3 or 4 drops of the oil of cinnamon to 2 quarts of warm water and direct it to be used as often as there is any scent to the lochia.

In nasal catarrh it serves me well, and in fact wherever a germicide and disinfectant is wanted.

J. F. BAGGOTT, M. D.

Bamberg, S. C.

Hour-Glass Contraction.

Editor MEDICAL WORLD:—About a month ago I was called to a case of obstetrics. When I got there I found an old lady there who does a good deal of "grannying" on her own account. On making inquiries I found that the patient had been in labor about four hours. The old granny told me she gave her a teaspoonful of fluid extract of ergot as soon as she got there, which was about half an hour before I arrived. I asked her why she gave the ergot. She said, because she thought it was a good thing and would help the patient along; that she gave ergot to all the cases she attended. In half an hour the child was born; the patient was a primipara. I waited for nearly half an hour on the after-birth, and it not coming, I manipulated over the womb, at the same time I introduced the fingers of the other hand and tried to draw the placenta down by way of the axis of the superior strait. I found I could not move it. At intervals of ten minutes I tried hot and cold applications over the womb for the next hour and a half, at the same time trying to draw the placenta down; but all to no purpose. Now, during this time, she had three gushes of hemorrhage with the pulse growing weaker all the time, I was becoming very much alarmed; so I concluded I would introduce my hand and take the placenta away, but, when I had reached the os, I found it so hard and contracted I could not begin to get in. I labored faithfully for fifteen minutes but could go no

Digitized by Google

further; so I gave that method up. During all this time I noticed that she felt tired and worried, with an inclination to nap. Common sense and judgment dictated that relaxation had to take place before the placenta could come; so I told her to be quiet and go to sleep if she could, judging that the quiet and repose would have a tendency to prevent any alarming hemorrhage, and at the same time help to produce relaxation of the os. Well, she went to sleep right away and slept for half an hour; and when she awoke she said she felt something come. I made an examination and found the placenta expelled completely and entirely on the outside of the vagina. She had no more trouble and recovered rapidly. Now, Mr. Editor, I want to know whether I did right in letting her go to sleep to obtain the relaxation needed. As I have no authority for it, I simply used my own judgment. The books don't say anything about failure in extracting the after-birth by hand, so I don't know whether my method was commendable or not. Of course I blamed the ergot given as the principal cause of the trouble.

I will be glad to hear any criticism offered. J. P. McDONOUGH, M. D.

Ocker, Tex.

[Your results are your justification. I well remember a remark by one of my associates years ago, a sterling country practitioner. He said: "In hour-glass contraction, lay down and go to sleep by it." His almost constant condition was weariness from overwork. He meant by this remark that it is no use to work with an hour-glass contraction, but that it is best to await relaxation. One with less patience and less confidence in nature would anesthetize to relaxation and remove the placenta. The former method is the best when there is no imminent danger.—Ed.]

Vacuum Treatment of Ataxia.

Editor MEDICAL WORLD:—Replying to "Ataxia's" inquiry as to the best treatment for locomotor ataxia, there is but one sure and positive remedy. It is clearly settled that locomotor ataxia may be cured in its first stage by medication, but past that only by some means that will clean out congestions, open up collapsed veins and arteries, re-establish circulation and maintain the blood flow from day to day until the nerve and muscle tissues shall have been fully restored to their normal strength and a healthful activity. This efficiency is found in the pneumatic or vacuum methods of treatment, using the best appliances, (my preference is the Parker-Wilkins make) and those skilfully, persistently and progressively. The action and reaction under treatment must be noted from day to day. Much care, patience and judgment must be used. The patient must be treated for from fifteen minutes to one half-hour, at least six times each week, until the downward tendency of the disease is overcome and recovery is noticeable. Some medical treatment to keep the blood rich with tissue-building material is desirable, but if strychnia, nux vomica, Freilig's tonic, or the phosphomuriate of quinine co. (Phillipp's), or like preparations are used, it should be sparingly and intermittently. Strychnia and like tonics produce a secondary effect that numbs the nerves, producing a tenderness of the chord and spinal nerves that is not desirable.

WILLARD CYRIL FRANCIS.

Topeka, Kan.

Oil of Cinnamon as a Disinfectant.

Editor MEDICAL WORLD:—The experience of Dr. Baggot, page 31, January WORLD, leads me to speak of my experience with oil of cinnamon. It is, as the Doctor says, one of the most perfect of disinfectants, and a delightful deodorant. My use of it has generally been in the following combinations:

R	Acetanelid,	. .	oz iv.
	Menthol,	. .	gr. xxxij.
	Boracic acid,	. .	gr. xvi.
	Oil cinnamon,	.	dr. j.
	Alcohol, qs.	.	qt. j.

M. Use as a general disinfectant, clear or in hot water, a dram to a pint.

I use this in almost every way; to cleanse hands and instruments, to deodorize and disinfect sick people, sick rooms, etc., and as a local application in skin diseases. For instance, the worst case of tinea capitis I ever saw was promptly and elegantly cured by its local application, full strength, three times daily, and wash-

Digitized by Google

ing in hot soapsuds every morning. Barber's itch, ring worms, etc., go in a way that will surprise you and your patient.

I always carry ½ oz. in my grip, and among other uses, I use it invariably after using thermometer. I wet a small pledget of cotton, and rub the thermometer thoroughly, then wipe off with dry pledget. This is more convenient than to get a glass of water and clean napkin, and moreover it gives the next patient a *clean* thermometer, which cannot be insured by the usual method.

In the proportion of one dram to the pint, it makes a *very* satisfactory vaginal wash, or a delightful sponge bath.

In this connection I would commend the use of the following for a more astringent vaginal wash. When its use is indicated it gives the very best of results.

R Powdered alum, Powdered boracic acid, Powdered borax, aa oz. iv.
Hydrastine sulph, . . gr. xl.
Carbolic acid, Oil cinnamon, aa min. lxxx.

Triturate. Use one teaspoonful in a pint of hot water for vaginal injection once daily.

Of course in the above formulas, I recognize the benefit of the other ingredients, but the oil alone is a most powerful disinfectant and healing agent. Acetanelid is another.

W. B. HOUSE, M.D.

Detour, Mich.

Vaginal Suppository.—The Sense of Smell in Diagnosis.

Editor MEDICAL WORLD:—In reply to Dr. Root, page 79, February WORLD, will say that the following is about what I use:

R. Cocoa butter - - - dr. 8
Acid boracic - - - gr. 36
Acid tannic - - - gr. 25
Oil olive - - - - dr. 1

M. Make into 12 vaginal suppositories.

In warm weather the olive oil should be omitted, as it would make the suppositories too soft.

To assist us in making up a diagnosis of any case, we ordinarily bring into use only three of the five special senses, namely, hearing, seeing and feeling. I wish to say something in behalf of the sense of smell as a help in making up a diagnosis in many cases. There are times, 'tis true, when the physician wishes he had no olfactory nerves, and yet occasions arise when their delicate appreciation of odor is a fortunate possession. All are familiar with the fetor of certain diseases and conditions, such as pulmonary gangrene, uterine cancer, measles and the odor emanating from the partruient woman. I have on several occasions made a correct diagnosis of pneumonia by the peculiar fetor of the expired air from the diseased lungs. It is said that the retention of urea in the system is detected by the urinous odor of the breath of the patient. There is a peculiar sour odor emanating from rheumatic patients.

Will not some one who has greater opportunities to investigate than we country physicians give us a few pointers along this line?

H. P. MONROE, M. D.

Harris, Kansas.

For Cough.

Editor MEDICAL WORLD:—Through the columns of THE WORLD a good general cough remedy has been asked for, one containing no opium. After an experience of twenty years, can recommend the following as my favorite cough prescription:

R. Tr. ipecac, . . . dr. j
Tr. lobelia inflata, . . dr. j
Chloroform C. P. . . gtt. v
Tr. aconite, . . gtt. x
Syrupus simplex, q s. ad oz. viij

M. S. ½ to 1 teaspoonful every 2 to 4 hours to meet requirements.

E. J. YAGER, M.D.

Grayville, Ind.

ONE of our subscribers writes that he takes 23 medical journals, but likes THE WORLD best of all. Follow the Doctor's example, and take "lots" of journals. They are good and cheap. Don't let the trifling price stand in the way when you see what you want. Don't say you have too many already. Is there anything you buy that is as large value for the price as a yearly subscription to a magazine like THE MEDICAL WORLD, for example? Don't try to "skimp" or economize in this direction. It won't pay.

Yes, we still send WORLD and Medical Council both for $1.75 per year. Also WORLD and Alkaloidal Clinic for $1.75; WORLD and Hypnotic Magazine with a book on Hypnotism as a premium for $1.75; any three for $2.75; all four for $3.75. New subscribers to Clinic get a nine vial pocket case, filled, as a premium.

Digitized by Google

Quiz Department.

Questions are solicited for this column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication) will not be noticed.

The great number of requests for private answers, for the information and benefit of the writer, makes it necessary for us to charge a fee for the time required. This fee will be from one to five dollars, according to the amount of research and writing required.

Corrections.

In February WORLD, page 62, second column, 13th line from top, change "half an ounce of water" to four ounces of water. Also, page 72, near middle of second column, change "onions" to wines, and "iodine" to sodium. Also, on same page, first column, second paragraph from bottom, first line, change "minimizing" to immunizing.

We have carefully examined the manuscript since the above has been called to our attention and find that we have interpreted the manuscript as well as we could. Names of drugs and quantities should be written *very* distinctly.

Dr. G. M. Norton, of Toronto, South Dakota, deprecates the discussion of prevention of conception, not only because of the immorality of such a procedure, but also because of the "almost empty school houses," and other evidences of the growing scarcity of children. While it is sad that any locality is lacking the joy of the presence of children, yet we are convinced that this is confined to a very few localities, while other localities have more than are supported as they should be.

Induration in Corpus Cavernosum.

Editor MEDICAL WORLD:—About one year ago, I began to experience considerable pain on erection. It is situated just back of the glans penis, on right side, and proved to be situated in right corpus cavernosum. It has gradually grown worse until at this time there is curvature toward right side. There are indurated lumps on both sides, which are very sensitive to the touch. The cause is unknown. I have received no injury at any time that I can call to mind, and have never had gonorrhea or syphilis at any time; family history good, so far as I know, general health good. I have not taken treatment of any kind. I consulted a specialist early last spring, who advised the use of the sound. I used No. 24 French scale; found no stricture. The indurated lumps were absent at that time. Now, brethren, I would like to hear from as many of you as I can, as I am in distress about my condition. Would especially like to hear from the Editor. I graduated last spring.

ANXIOUS.

[This case was submitted to Dr. Jno. B. Deaver, the eminent surgeon, who said that while such cases were not common, yet they are not rare. Inflammation has been started at the points named, and exudation thrown out. It is likely that a blood vessel gave way in the corpus cavernosum during erection, and this exudate is a consequence. He advises general alterative treatment with iodide of potassium as the base, to promote absorbtion, and locally, free application of an ointment consisting of one part mercurial ointment, one part belladonna ointment, and two parts ichthyol. Also gentle massage of the part, with sound inserted. Better dilate the urethra (not its full course) to the full limit.—Ed.]

Editor MEDICAL WORLD:—Kindly tender me the information as to what other symptoms, outside of local, you have known in stricture of twelve or fifteen years' standing; also your opinion as to the efficacy of treating by the sound and medication as against surgery. Do you know of any long-standing case of stricture that has been entirely and permanently absorbed by sounding and medication?

N. Y. TROY.

[The above was submitted to Dr. Jno. B. Deaver, who has had a very large experience in this class of cases. He says that the reflex symptoms excited by stricture are confined to the region of the perineum and rectum; he has never seen any more remote reflex symptoms, except as these sometimes cause nervousness and undermine the general health. The treatment of stricture by sounds is preferable to a cutting operation, when it can be done successfully; but a percentage of cases will not yield to sounds, and they have to be cut. It is the opinion of authorities that a strictured urethra cannot be entirely restored to its previous condition anatomically by either

Digitized by Google

means, but it can be restored functionally. We do not know what you mean by medical treatmeut of stricture. It is a mechanical condition, and requires mechanical treatment.—Ed.]

Ulcer of Leg.

Editor MEDICAL WORLD:—Will some of the writers for THE WORLD give us the very best treatment for ulcer of leg in patients that cannot give up their daily labor? I have in years past succeeded in curing a few cases by making local application of iodoform, then applying strips of linen cloth one and one-half inches wide, long enough to encircle two-thirds of the limb, wet with cold water and applied clap-board fashion; over this a roller bandage from the toes to the knee. But have been treating this case on this plan, and, so far, have failed. I have never been able to use the rubber bandage recommended by all our works on surgery. The bandage causes a perspiration of the limb, and in a few hours begins to irritate the whole limb.

J. B. SIMPSON, M. D.

Mountain House, Ark.

Editor MEDICAL WORLD:—I would be glad to get an expression of opinion from the editor of THE WORLD or some of its many readers as to the comparative value, therapeutically, of tinctures, fluid extracts, powders and tablets. As far as I have been able to judge, after some years' observation, the tinctures, such as the eclectics use, or the mother tincture of the homeopaths, have given me the best results. They seem to be more uniform in strength and more certain in producing the physiological effect of the plant. The tablets are often disappointing.

Spartanburg, S. C. J. NOTT MOORE.

[Remedies in solution are more certain of absorption, and absorption is more easy and speedy. In fact, tablets, powders and pills must come into solution before they can be absorbed. But remedies in solution taste badly, and the digestive juices are usually sufficient to insure the solution of powders, pills and tablets.—Ed.]

Editor MEDICAL WORLD:—Have any of the WORLD family any knowledge of the influence "signs" have on a surgical operation, if at all? Farmers and stockmen are very successful in their operations on stock, and they observe the "signs."

Eruptive diseases are milder in the South, at least in Kansas, than the same maladies in the North.

A boy brought us a tapeworm he found in a rabbit—perhaps the tenia pisiformis. How do these rodents get these entozoa? Do they eat flesh?

W. S. NEWLON, M. D.

Oswego, Kan.

Cold Surface.

Editor MEDICAL WORLD:—Would like some suggestions from the editor in regard to the following case: Lady, about 42 years of age, mother of four children, general health pretty good, but feels chilly all the time. Hands and feet, and in fact the whole surface of body is always cold. Pulse is normal, appetite good. This condition is of two or three years standing. Give me your idea of probable cause of trouble and treatment in your next issue.

Millersburg, O. D. G. OLMSTEAD.

[What is the sublingual temperature? Are superficial veins normally filled? Are you sure that the heart action is normal? Does external application of heat relieve the sensation? Do hot drinks and stimulants relieve? Is the patient subject to any drain, as leucorrhea or suppuration? The trouble is probably with the sympathetic nervous system or the circulation. Discover and remove the cause. Stop any drain, build up the system with tonics, good food, hygienics and plenty of exercise. Report later. —ED.]

Bloodless Treatment of Cancer.

Editor MEDICAL WORLD:—I would like to ask the readers of THE MEDICAL WORLD to give the WORLD family their experience in the treatment of cancer by the bloodless method. There are thousands of timid patients of both sexes who will accept no other treatment. They either go to a cancer institute or place themselves under the treatment of some irresponsible, ignorant person who is supposed to be possessed of a paste or plaster that will cure cancer, and who charges from one

Digitized by Google

to two hundred dollars for the job. If a patient refuses to submit to an operation, it seems to me that the physician should never allow her to go away for treatment on account of being ignorant of other methods. So I ask the readers of THE WORLD to tell us all they know about internal treatment and external applications in the treatment of this disease. Do the cancer institutes have a treatment of which the profession at large is ignorant?

In writing, give all the details of the treatment, and your successes and failures. A COUNTRY DOCTOR.

Minn.

DR. J. A. HENRY, of Banning, Fayette Co., Pa., asks for best treatment for burns by gas in coal mines. Apply same general principles applicable to burns caused in other ways. Perhaps some reader can give us a good practical article on this subject. See an article on this subject in this issue.

DR. R. J. BOWEN, of Berlin, Md., asks for remedy for tremor of hand while writing. He is in other ways in good health, but he is 70 years of age. No, doctor; there is no remedy. The years rest lightly upon you if this is all the infirmity they have brought. Take plenty of exercise in the open air, and plenty of sleep; simple, nutritious food, and a happy, hopeful frame of mind. We hope this course will keep your name on our subscription books for many years to come. Thanks for your kind words for WORLD, which you say you have read from its infancy. Don't mind a little tremor of the hand. If we live to be 70, we will be glad if we can say that a tremor of the hand while writing is our only infirmity.

Dr. T. Hankins, of Ness City, Kan., reports an umbilical cord six feet long, and asks if any one can beat it. Do you ever measure length of cord?

Fracture of the Patella.

Dr. C. W. Townsend, of Bower Hill, Pa., sends a description of an apparatus for fractured patella. Use a tin box well padded; solder on five wire loops, one immediately beneath the knee, two below and two above. Numbering from below upward, loop number 1 is to retain the hand which binds the box to the tibia; number 5 retains the femur band; number 3, immediately beneath the knee, retains a band that extends over a rubber pad placed on the patella to keep it level; loops number 2 and 4 retain rubber roller bandages, one extending from below to above the patella, drawing it down against the lower fragment, and the other extending from above the knee over the lower fragment, drawing it against the upper fragment. He has never had a failure with this appliance, even when the cork of a horse-shoe broke the patella into several fragments. With this apparatus there is no use of wiring.

Dr. E. H. Robinson, of Robinson Springs, Ala., reports a case of heart on the outside, somewhat similar to that reported by Dr. Bowman in the January WORLD. Dr. Robinson accounts for his case by the fact that the mother, early in the pregnancy, was present when the husband butchered a number of hogs, witnessing the act of opening the chest and taking out the heart and lungs.

ONE of our subscribers in Upper Penasco, Lincoln county, New Mexico, writes that the climate of that region is excellent for tuberculosis. Several cases are mentioned that went there and recovered.

APROPOS of the discussion on the prevention of conception, I was very much surprised recently when a lady called upon me for some medicine to "make her breed"; it is so often the other way.

Wills Point, Texas. C. S. COLLIER.

[Our beloved Prof. Ireland, of Louisville, used to tell us boys this: "There are only two kinds of women in the world. One kind will do anything under the sun to have children, the other kind will do anything under the sun not to have children."—ED.]

Dr. R. L. Stewart, of Des Moines, Iowa, asks for the composition of "Ayer's Hair Vigor."

On page 103 March WORLD, we find the following: "Ayer's Hair Vigor" is a plain solution of acetate of lead, containing only about 0.6 per cent. of the salt.

Information is asked for concerning "alkavis."

Digitized by Google

Current Medical Thought.

A Plea for Circumcision.

Dr. S. G. A. Brown, of Shippensburg, Pa., makes the above plea in January issue of *Journal of Orificial Surgery*.

"Man in his primitive state was provided by nature with this sheath (prepuce) in order to protect the procreative organs from danger and harms, as he, like the animals by which he was surrounded, was attired in nature's garb, being exposed to the bites of insects, the prick of thorny briars, etc. But evolution, environment and civilization have placed man in that position that he has no further use for this curious relic of a long-past barbaric age.

"All physicians are not agreed as to whether circumcision in childhood is the proper course to pursue, but surely if the matter were investigated thoroughly and with an unbiased mind, it would stand out as a self-evident fact that much good can be accomplished toward the preservation of health in our children and the increase in their longevity. The Jews, who perform this operation on the eighth day after birth, are, from actual observations, known to be exempt from many diseases which afflict other races. Their children are hardy, and grow up to manhood and womanhood strangers to disease, perfect in body, sound in mind, and with a morality above condemnation. It is rare that they figure in silly crimes, police or divorce courts. That an appendage like the prepuce which under various conditions, as phimosis, short frenum or preputial adhesions, is the leading factor in the production of enuresis, dysuria, impotence, calculi, cancer, syphilis, phthisis or various other reflex neuroses, can be considered as a natural physiological appendage, is absurd in the extreme.

"In order to render the rising generation healthy, mentally, morally and physically, we must pay attention to this redundant tissue, and advise its early removal. Fully three-fourths of all male babies have abnormal prepuces. Prof. E. H. Pratt says: 'A perfectly formed foreskin in the relaxed state of the organ extends no further than the point of the glans penis; it is free from all adhesions to the glans and corona, and exercises no degree of constriction on the glans itself, and when retracted shows no tendency whatever to pinch the penis.'

"The prepuce is an important factor in the production of phthisis. This can be proven by the immunity of the Jewish race from tubercular affections; also the fact that there is a relation existing between a syphilitic taint and a phthisical tendency. The sensitive and absorbing covering of the uncircumcised organ presents a favorable medium for the transmission of the poison from one system to another. What an untold amount of suffering might be prevented, by turning our attention to this source of infection in childhood and early youth!

"The elongated prepuce often plays an important part in enuresis. Children who pass their second year and are unable to control the vesical sphincter may be said to be suffering with enuresis. This is a very persistent condition, annoying to the mother, mortifying and humiliating to the little sufferer. The irritation from preputial adhesions, or the extreme narrowness of the preputial orifice, is not infrequently the cause of this trouble. The irritating urine in passing over the sensitive mucous lining of the prepuce may create untold suffering and possibly death. It is only a few decades ago that innocent children were scolded and punished when afflicted with nocturnal enuresis. Their irritability, carelessness, moroseness and stupidity were attributed to willful obstinacy, and they were punished accordingly. In most instances these troubles can be traced to preputial irritation, the child having no control over them whatever.

"Many chronic and apparently obscure affections are induced or greatly aggravated by a phimosis. The writer would beg to submit a few cases that have been of unusual interest to him.

"Case 1. Infant, æt. 8 months. Mother said did nothing but cry from his birth; otherwise, he had been perfectly healthy. Four weeks previous to my being called, he was attacked with a painless, non-exhausting diarrhea which the attending physician could not control. Crying continued. Upon examining the case I found nothing unusual,

Digitized by Google

save a congenital phimosis. Notwithstanding, I prescribed carefully, I could not cure the diarrhea. Child was nursed at maternal breast. Having received consent of parents, operated on prepuce. Result: rapid healing, diarrhea immediately cured; no more crying.

"Case 2.—Baby, æt. 10 months, had eczema for last six months. Baffled all internal and external medicinal treatment. Was extremely nervous, with twitching of the right arm and right leg. Upon examination, found an elongated, leathery, redundant prepuce, completely adherent to the glans, with an opening so small as to scarcely admit the end of my groove-director. Operated promptly, tearing away the adhesions. Result: Nervousness with twitching immediately cured; eczema well in ten days without further medication."

The above are some quotations from the article. It is a strange thing that so many early peoples, and so many of the less advanced races up to the present day, practice circumcision. Is it a response to an instructive impulse? It is certainly fortunate from a sanitary point of view.

Cure for Crying in Children.

In a certain New York nursery, as soon as a child begins to cry, the nurse catches it up, holds it gently, and places her hands over its nose and mouth, so that it cannot breathe (Med. Record). The crying ceases directly, and the child is allowed to breathe freely again. Should it a second time attempt to scream, the same simple and effectual method is applied. This is repeated until the baby imagines that the painful stoppage of the breath is caused by its own effort to scream, and so is careful to keep quiet.—*Col. and Clin. Record.*

Examination of Unmarried Women.

The Philadelphia Polyclinic remarks that in supposed pelvic disease in young unmarried women a pelvic examination is too often proposed and carried out. It should be remembered in this connection that the large majority of diseases peculiar to women are sequences of coition and its results, either pregnancy or specific infection. Neoplasms are, of course, excepted. Consequently it can usually be predicted that a pelvic examination will result negatively and is consequently unnecessary. Dr. Baldy finds this to be true in the majority of cases, and urges the advisability of paying more attention to the patient's general health and antecedents. This is the more important, as a hysteric or neurotic girl's attention being once pointedly directed to her pelvis as the seat of her trouble, she often becomes a chronic pelvic sufferer. As in the case with opium-eaters and chronic alcoholics, the medical profession is also responsible for making a large class of pelvic sufferers.—*Mass. Med. Jour.*

Legal Decisions Affecting Physicians.

Visiting Lists as Evidence of Services.—Courts have ruled that no "visiting-list" of which the entries are simply the names of patients accompanied by a succession of hieroglyphics unintelligible to a jury, and requiring to be explained and translated by the person making them, can be accepted as a book of original entries. "Allowing the utmost latitude to the plea of convenience and necessity, the law cannot tolerate as self-proving an entry of services which can be translated only by means of a glossary." Such books have been rejected in a suit for services in Pennsylvania, and the same rule prevails in other States except, perhaps, Mississippi. "A due regard for his own interests should lead the physician to keep a book of original entries, showing a charge for attendance, with the date, the name of the person against whom the charge is made, and the amount of compensation for the services or attendance."*

Sale of Practice.—An agreement for the sale of a practice for ten years was violated by the seller returning to the place and resuming practice after four years' absence. An offer by the seller to return the amount paid him was not considered final, the Supreme Court allowing further proceedings to determine the loss likely to be sustained by

* Attention is called to the fact that THE MEDICAL WORLD Visiting List was designed specially to fulfill the above-mentioned requirements of law. At the same time it is the lightest and least bulky list in use, as it consists of a handsome leather case and removable sections.—[Ed. M. W.]

Digitized by Google

the buyer by reason of the change. The Court restrained the seller from practising in the locality until the question of damages was settled.

The Law of Libel and Slander as Affecting Physicians.—Libel consists in the utterance of any communication otherwise than by oral speech unjustifiably accusing private individuals, officials or governments of anything tending to make them ridiculous or injure them in reputation or public esteem. Slander is an oral statement unjustifiably accusing a person of a crime, a loathsome disease, incapacity, or dishonesty, or of any fault which tends to injure the person or his business. The Courts have decided that an accusation may be slanderous or not according to the vocation of the accused. To accuse a physician of general professional ignorance or malpractice is actionable *per se*, but to state that in a special case he was at fault is not slanderous, unless special damage is proved. A retired physician, since he no longer gains his living by his profession, may be accused with impunity of what would "slander" a man in actual practice. Slanderous words uttered in one State may not be actionable in another State unless proved to be so also in the place uttered. A person uttering slander to a second party who repeats it to the detriment of an individual may escape responsibility if the damages result from the utterance of the second party and not from that of the originator. In case of libel, any accusation holding a person up to scorn or ridicule, whether professionally or as a private person, is actionable. A physician who attempts to achieve notoriety by puffing himself cannot recover damages from those who further his attempts. It is slander to falsely attribute a contagious disease to a person, unless a statement was necessary and there was a mistaken diagnosis. A physician condemning any article used in medical practice is liable to the manufacturer, if the said physician's statement be incorrect.—*Dr. Henry Leffmann, in Phila. Polyclinic.*

An Inspection of Parke, Davis & Co.'s Biological Laboratory.

BY OSCAR L. DALES, M D., HEALTH OFFICER, GRAND RAPIDS, MICH.

In November, 1896, I visited this laboratory for the purpose of inspecting its methods of manufacturing antitoxin. I found twenty-four horses, all in fine condition, seemingly strong and healthy. At the outset these animals are tested with tuberculin and mallein.

Their quarters are scrupulously neat; they are well groomed; and, so far as I could ascertain, all the methods known to modern science are brought into requisition, from the selection of the animal to the final marketing of a germ-proof serum.

At the head of this biological laboratory are two thoroughly scientific gentlemen, Dr. Charles T. McClintock and Dr. E. M. Houghton, whose watchful supervision follows the serum through every stage of manufacture and is not content until its potency is demonstrated by the most searching tests.

In the administration of antitoxin, I have used, and have seen others employ, that of Behring and Roux. The results yielded by foreign antitoxin have been in most instances successful. Yet in administering that prepared by Parke, Davis & Co., I feel a greater degree of assurance, on the ground, first, that it can always be procured fresh when desired; it has not spent weeks in crossing land and sea. Secondly, a decided advantage resides in the hermetically sealed bulbs in which Parke, Davis & Co. put up their antitoxin, contamination being wholly excluded.

Class-Room Notes.

[From College and Clinical Record]

In *Carcinoma Uteri*, Prof. Montgomery advocates extirpation of the uterus through the vagina when the disease is confined to the uterine walls and presents no indication of involving the surrounding tissues.

In carcinoma uteri which has extended beyond the structure of the uterus, he advises abdominal hysterectomy, as it better enables the removal of the entire mass, the observation of the position, and evasion of the ureters. If there is much involvement of the broad ligament, or the disease extends down upon the vaginal walls, he advises ligation of the internal iliac arteries immediately after the ligation of the ovarian arteries. This procedure enables him to remove the

Digitized by Google

diseased structures without the necessity of further ligation.

The value of *Horseley's Antiseptic Wax* for controlling undue bleeding from the cut surface of a bone cannot be over-estimated. This wax is easily prepared, is antiseptic, and is always ready for use. It consists of bees-wax seven parts, almond oil one part, and salicylic acid one part. Several years ago Prof. Keen introduced this preparation into the Jefferson Hospital. He uses it extensively to arrest bleeding from the bone during an operation. The bleeding that sometimes follows the sawing of a bone during an amputation, excision, or resection can be checked by pressing a small quantity of the wax against the bleeding surface. After the removal of a growth from the jaw, such as an exostosis or an epulis, the bleeding can be readily controlled by an application of this agent. In bleeding from diploe or cancellous bone this wax is of great service.

If the kidneys are not acutely inflamed, the following prescription is useful in *Stomatitis:*

R. Potassii chlorat., . . dr. j
Tinct. myrrhæ, . . gtt. xx
Elixir. calisayæ, . . f oz. iij M.
Sig.—f dr. j in water every four hours.
—*Hare.*

In *catarrhal gonorrhea* injections through a blunt-pointed hard rubber syringe should be used:

R. Zinci sulphatis, - gr. viij
Plumbi acetatis, - gr. xv
Aquæ dest., - f oz. viij. M.
—*Da Costa.*

Acute Laryngitis may be treated internally by a calomel purge, followed with the following:

R. Tinct. aconiti, - m. xij vel xxiv
Sodii bromid., - dr. ij
Syr. lactucarii, - f oz. j
Aquæ, q. s. ad f oz. iij. M.
Sig.—f dr. ij every four hours.
—*Hare.*

In *Cancer of the Uterus* which has extended to the surrounding tissues to such a degree as to contraindicate a radical operation, Prof. Montgomery advises curreting the surface and deep injections of absolute alcohol, subsequently dusting the parts with aristol and desiccated alum, three of the former to one of the latter, and packing the vagina with iodoform gauze. This treatment should be repeated two or three times a week. The alcohol dries up the diseased tissue, and ultimately results in its being thrown off as a slough. Such treatment will delay the progress of the disease, but is not likely to prove curative.

Dr. Horwitz uses the following mouth wash for *Mucous Patches:*

R. Acid. pyrolog., - dr. j
Aquæ, - f oz. viij. M.
Sig.—Wash the mouth every four hours.

Our Monthly Talk.

Dr. S. L. Scott, of Waukomis, Okla., writes: "After prescribing for a patient I make it a point to inform him why he is unable to pay his doctor bills. I also show him remedies for political as well as physical ills." He says that 75 per cent. of the doctors of his county are political reformers. It should be 100 per cent., for doctors suffer so terribly from hard times. Even in good times their bills are the last paid, and in hard times they are frequently never paid.

Dr. J. W. Coller, of Wellsville, N. Y., writes a very interesting letter on the subjects discussed in this department. If we had room we could publish many gems from it, as the following: "Those who are amassing wealth are not those who are earning it, and, of course, those who are earning it are not receiving it." As to recommending literature, he wishes to recommend the following: "Money: Its Nature, Function and Power;" by R. S. Thompson, and "The Law and the Facts;" by T. E. and E. E. Ballard—both published by the New Era Co., Springfield, O., price ten cents each.

Sorry we can't publish the doctor's entire letter, but if we would undertake to publish all the really good things of this nature that come to us this would soon cease to be a medical magazine. These things are of great importance to physicians, but THE WORLD must remain primarily a *medical* magazine. We seek in this department to get the doctors' thoughts started in the right direction; and when this is done, don't write articles for us, but *write articles for your local papers.* Talk to your neighbors, friends and patrons about these important questions that interest so vitally all really useful citizens. Let your light shine *in your community.*

The chief difference between a reptile and a warm-blooded animal is in circulation.

Deficient circulation in a part will result in atrophy. The magnificent development of a black-smith's arm is by means of accelerated circulation in the part.

The industrial and commercial life of a com-

Digitized by Google

munity or a nation depends upon its "arteries of commerce." In addition to navigable streams with their various crafts, we have, first, beasts of burden (in some countries man himself) following tortuous paths; when the wheel comes into use a road must be made; this greatly increases the amount of goods that a given amount of animal power can transport; as the roads and the vehicles improve, quantity and rapidity of transportation increase; canals increase the loads but decrease the speed, and they freeze in winter; but the "iron horse" on his track of steel easily surpasses all other modes of transportation. Railroad transportation is the "circulation" of modern industrial and commercial life.

This "circulation" is owned and operated by private parties. Does not this seem strange? For so important a function should be conducted in the interest of the nation as a whole and not in the interest of certain localities, and for a few individuals, as is naturally the case under private ownership.

How railroads build up a community by favorable rates, and then destroy it by unfavorable rates, is an old and sad story; but their favorite method is to build up certain firms or companies by specially favorable rates, thus enabling them to ruin all their competitors in the same line of business. This is the secret of the success of the Standard Oil Company and the cause of the ruin of hundreds of independent producers of oil. To be convinced of the evils and "anarchy" of our present railroad management, read "Wealth Against Commonwealth," by H. D. Lloyd; published by Harper's, N. Y.; $1. Also, "A General Freight and Passenger Post," by J. L. Cowles; published by Putnam's, N. Y.; 75c. The following are a few quotations from the latter book:

"In these special rates, distance was altogether lost sight of, one rate of twenty cents being made to Little Falls, 217 miles from New York, while that to Syracuse, 291 miles away, was but ten cents, and the rate to Black-Rock, a distance of 455 miles, was exactly the same as to Little Falls. The only rule for the determination of the transportation taxes levied on the New York Central Railroad was the will of the President and that of the traffic manager. They changed the rates at some seasons of the year three or four times a day, said Mr. Vanderbilt."

"At one time the rate on tin plate from Liverpool, via Philadelphia and the Pennsylvania Railroad to Chicago, was twenty-four cents a hundred, while the rate from Philadelphia to Chicago, on the same article, over the same road, was twenty-eight cents a hundred."

"The record in the Texas and Pacific case, lately tried in the Supreme Court of the United States, shows that the rate per hundred pounds charged for the transportation, on through bills of lading, of books, buttons, clothing and hosiery, from Liverpool and London, via New Orleans, over the Texas and Pacific and Southern Pacific railway systems to San Francisco, is $1.07. On the same kind of domestic articles carried, it may be in the same train, the transportation tax over the same railroad is $2.88 from New Orleans to San Francisco."

"On foreign boots and shoes, cashmeres, confectionery, cutlery, gloves, hats and caps, laces and linens, the same blanket rate, $1.07 a hundred pounds, is levied for transportation from these English ports to San Francisco, while upon similar American goods shipped from New Orleans to the same destination, the railroad tax is $3.70 a hundred. A more absurd system of taxation than this can hardly be imagined, and yet the majority of the United States Supreme Court (Justices Harlan and Brown and Chief Justice Fuller dissenting, however), has decided that it is both just and lawful, and that American railway managers may with perfect impunity continue to tax Americans three or four times as much as they tax foreigners for a similar service."

What is the use of a customs tariff when the railroads counteract it by discriminating against domestic goods?

"In the spring of 1895, certain farmers of my acquaintance endeavored to make contracts with the railroads to carry their crops to market for half what they would sell for, but their propositions were laughed at. Having the power the railroad managers preferred to confiscate the entire proceeds. And this, as the following instances will prove, they actually accomplished."

Following, bills are given showing that the freights absorbed nearly all, and in some cases more than all, the value of the cargo after deducting commissions. A number of instances of railroad discriminations and robbery are given, and then the author says: "And people wonder why western farmers fail to pay interest on mortgages!"

But worse, if possible, is the discrimination against the Government. The charge made to the Government for hauling mail bags is eight cents per pound for an average haul of 442 miles; but for similar service on similar trains the charge to others is only from one to three cents per pound. But what is little less than ridiculous, is a further charge of nearly two millions dollars per year for the use of mail cars! That amount would more than purchase all the mail cars in use and keep them in repair. But why charge quadruple rates, and then charge for the rolling stock besides? This is a double outrage. The Loud bill, now before Congress, seeks to bar sample copies of journals and paper-covered books from second class privileges, in order to obviate the deficit in the postal department; better revise the railroad rates—require them to carry for Uncle Sam as cheaply as for any one else, and then there will be no deficit.

The Government should own the postal cars and require the railroads to haul them as cheaply as for any other patron; then we could

Digitized by Google

reduce the rate on merchandise to eight cents per pound, the present rate on books, and soon, perhaps, we could reduce letter postage to one cent, and before long reduce package postage to four cents per pound, and thus the express business would be gradually absorbed. Also, the Government should take possession of the Pacific Railroads at once, and institute Government operation, which should gradually extend all over the country, and thus the "circulation" would become normal in all parts, for the Government charges would be equal to all. No more discriminating in favor of large cities, no more robbing producers, no more robbing one business firm to build up another. This is as necessary to the nation as a normal circulation of the body. Shall we have it? Shall we have freedom from the oppression we have so long borne? How shall we get it? By striving for it. Do not be silent and idle. Write to your Congressman and Senators. If you are a Republican be doubly active, for your party has the power to give us this reform in the near future. Your last Postmaster-General, Mr. Wanamaker, advocated the Government owning the mail cars, the telegraph lines, and also postal savings banks. If you are a Democrat, read Ex.-Postmaster-General Vilas' arguments in favor of Government ownership of postal cars in his reports. Mr. Cowles quotes from them on pages 65, 66 and 67 of his book.

If, in a patient, you found the circulation so erratic, what would you first do? You would equalize it; make it just and uniform to the needs of each and every part. When quacks have charge of the Nation, we must go to the rescue!

Better get both the above-mentioned books and circulate them among the influential people in your community. They will do the work. If this were done in every community, we would soon have a rational system of transportation, and more prosperous communities. C. F. T.

☞ *In deference to the wishes of many subscribers, I am having some of my articles on industrial and economic questions reprinted and will send them free to physicians on receipt of three cents per set. It is understood that every one receiving these will pass them around among his patrons, and make efforts to have them published in the local paper. This last is specially important.* C. F. T.

Reform Books at Gold Standard Prices.

The total failure of the plutocracy to keep its promises of increased prosperity to follow McKinley's election has left the people in a frame of mind that promises better results than ever before from the distribution of reform literature. The one great obstacle in the way is that few of the producing classes have a dollar to spare for the work. To meet this difficulty we have arranged with Charles H. Kerr & Company, of Chicago, to send any of our readers a large package of excellent reform books, all different, for only 30 cents in stamps. The package contains the following books:

Warren's Money Chart, a new and important work, 135 pages.

The People vs. the Goldbugs, by A. D. Warner, 144 pages.

The New Democracy and Bryan its Prophet, by C. R. Tuttle, 96 pages.

How to Govern Chicago, by C. R. Tuttle, 118 pages.

A Story from Pullmantown, by Nico Bech-Meyer, 110 pages.

The White Slave; or, "The Cross of Gold," by Helen M. Sumner, 32 pages.

The People or the Politician, a handbook of Direct Legislation, by R. L. Taylor, 60 pages.

Shall We Change our Money Standard? by Jesse F. Orton, 32 pages.

Illustrated First Reader in Social Economics, 16 pages.

Sound Money from a Business Standpoint, by F. A. Cleveland, Ph. B., 32 pages.

These ten books together contain 775 pages. Every one of them is well worth reading, and will help make votes if given or lent to those who have thus far voted with the plutocrats through ignorance. They are worth $1.60 at regular prices, and the supply will not last long.

CHARLES H. KERR & Co., Publishers,
56 Fifth Ave., Chicago.

Latest.

The Camden druggist referred to on our first editorial page is already an M. D., a Jefferson Medical College graduate, and one of our valued subscribers. At the same time that he sent us the circular letter received from Rutland, he wrote to the Governor of Wisconsin, inclosing the circular, and showing that the honor and laws of the State of Wisconsin are being made merchandise of. The following reply has just been received:

EXECUTIVE CHAMBER,
MADISON, Wis., February 23, 1897.

DR. G. W. HENRY,
Eighth and Walnut streets, Camden, N. J.

MY DEAR SIR:—I am directed by the Governor to say in reply to your letter of recent date that proceedings have already been begun by the Attorney-General against the college of which you write.

Respectfully yours,
WM. J. ANDERSON, *Private Secretary.*

We clip the following from the Philadelphia *Public Ledger* for February 27:

BOGUS MEDICAL DIPLOMAS.

An Important Arrest by Postal Inspectors in Chicago.

CHICAGO, Feb. 26.—"Doctor" Fred Rutland, who claims to be a graduate of two California

Digitized by Google

colleges and the Medical University of Ohio, was arrested to-day by postal inspectors on the charge of using the mails for fraudulent purposes. He will be given a hearing to-morrow before Commissioner Humphrey. Rutland has been operating the "Wisconsin Eclectic Medical College," which the inspectors allege is a bogus diploma distributing concern on a big scale. They have in their possession a book of names, addresses and classes of degrees conferred, showing that 907 persons in every State of the Union, Mexico, Canada, India and France have received diplomas conferring the degrees of Doctor of Medicine, Pharmacy, Philosophy and Science in rapid succession, when a fee of $35 to $50 was received.

It is alleged by the authorities that the only educational prerequisite for the granting of these diplomas was that the applicant should return answers to a list of medical and surgical questions, which the average public school graduate would be competent to give. The diploma record shows that Willard Chase Offutt, of Savannah, Ga., received five distinct degrees between June 26 and September 25 of last year. It is estimated that Rutland has received $30,000 from his "college" since he came here from Milwaukee last May.

PLEASE SEND ORDER ON THIS BLANK.

THE MEDICAL WORLD, 1520 Chestnut Street, Philadelphia, Pa.

GENTLEMEN:—Enclosed find the sum of . . . . . Dollars for which please send me

THE MEDICAL WORLD for 1897 . . $1.00
Binder for the Medical World 35
Or Three Binders for 1.00
Awl for punching WORLDS for Binder 5 cts. each, or FREE with three binders.
Chart of Skin Diseases (reduced from 50c.) 15
The Physician as a Business Man (reduced from $1.00) 50
The Medical World Visiting List (see below. 1.50
Visiting List Section, per Dozen . . . 1.00
Ledger of Monthly Balances, as per notice below 25

Total, ...
Name, ...
Address, ...
. . . . . .

Cross off what you do not want in above list.

NOTE.—We will be responsible for money sent by post-office order or in registered letter:
Send 8 cents extra for registration of each article (except WORLD) if you wish to insure safe delivery:
THE MEDICAL WORLD Visiting List consists of a handsome leather case and twelve removable sections: We now furnish our new sections for List; they are improved over our former ones in several details. But we still have no Ledgers of Monthly Balances except those dated 188... instead of 189... To close out these Ledgers (which are perfectly good except for the trifling difference in date), and to get you started with our system of bookkeeping, we will give a Ledger free to all who order the Visiting List complete, $1.50. If bought separately the Ledger will cost 25 cents. The regular price is 50 cents, but on account of the trifling difference in date we are selling them at half price:

We are asked if we can still supply those elegant hypodermic syringes that we used to furnish with "World" subscriptions. Yes. The syringe usually sells for $2. We can supply the syringe and "The Medical World" for 1897 for $2. Send immediately, before this passes from your mind.

SEE adv. this month of "Army and Navy Illustrated." The first issue is before us, and we never saw a handsomer publication of its kind—fine and heavy paper, illustrations grand.

YOU can do much good with Freileigh's Cough and Constituent Tablets during March. Try these on your lung patients instead of sending them to Florida. The chances are that the Tablets will do them much the most good.

THE next time you are in a drug store, ask to see one of Upjohn's Pills—quinine, comp. cathartic, or any kind. Take it between your fingers and pinch it right hard and see it reduce to powder. If you haven't sufficient "grip" lay it on the counter and press it with your thumb.

FOR people who have had a gay winter and come to you weary and worn, give Fellows' Hypophosphits and rest.

SEE Keith's page and send for Manual of Concentrated Tinctures.

BRACE up the weak points with Flavell's apparatus. See his page.

TO put blood into their veins give them a preparation of blood—Bovinine. It is elegant and palatable, and it will make blood fast. Put a few drops in the baby's milk at every taking. A few weeks will make it rosy.

ONE of our adv. pages is headed, "It is a square fact." Did you ever notice it particularly?

PLEASE see adv. of Robinson's lime juice and pepsin this month. This seems to be a very happy combination. See adv. and order it for trial, or write for further information.

MESSRS. Wm. R. Warner & Co. wish to send you visiting records and prescription blanks. They are just bringing out a pocket Medical Dictionary of 10,000 words—about 300 pages, which they will sell to physicians at a nominal price—75c. Will be ready about March 10.

SYRACUSE, N. Y., Dec. 11, 2896.
JOHN CARLE & SONS, New York City.

SIRS:—During the middle of November, I had an attack of pneumonia with very great difficulty in digesting my food; on trial of the various foods of which I had an abundance of samples, I found none so palatable and easily digested as IMPERIAL GRANUM.

Truly yours, ———— M. D.

THE "Physician's Vest Pocket Formula Book," published by McKesson & Robbins,

(*Continued over next leaf.*)

Digitized by Google

FRIABILITY is no proof of SOLUBILITY.

SPECIFY WM. R. WARNER & CO.'S

SOLUBLE COATED PILLS

THEY HAVE STOOD THE TEST OF FORTY YEARS

Do not attempt to TEST the SOLUBILITY or INSOLUBILITY of a pill by hammering it on a pine board. What does it signify? SIMPLY TAKE A GLASS OF WATER 98° TO 100° AND SUSPEND THE PILL AS INDICATED BELOW:

The TRUE TEST of the solubility of a pill.

SEE IT DISSOLVE

SEE IT DISSOLVE

This test is demonstrative and conclusive proof of the solubility of mass pills, bearing the name of WM. R. WARNER & CO. because what DISSOLVES IN PLAIN WATER MUST DISSOLVE IN THE WARM VISCERAL FLUIDS OF THE BODY.

FRIABILITY is no proof of **SOLUBILITY** as is evidenced by the following experiment:

Our chemist took Pil. Cathartic Comp of Wm. R. Warner & Co.'s make (and the same of Friable Pills) and placed them in water 98° to 100°.

These are the results:—

PIL. CATHARTIC COMP.

WM. R. WARNER & CO. (Mass Pills)
Sugar-coated—dissolved in 20 minutes.
Gelatin-coated—dissolved in 25 minutes.

Friable Pills
Dissolved in 65 minutes

Every five minutes the pills were rolled with the finger, each getting SAME AMOUNT of rolling, or about equivalent to peristaltic action. We have proven the solubility of our mass pills. We have proven that MASS PILLS ARE MORE SOLUBLE THAN FRIABLE PILLS. Try it yourself and you will reiterate our statement that

FRIABILITY is no proof of **SOLUBILITY.**

Our pill business has been established for the past forty years, and we have never had complaints as to the inactivity of our pills. By taking a dose of Cathartic Pills and noting results is all that is necessary to prove their efficacy.

WM. R. WARNER & CO.

Manufacturing Pharmacists. **PHILADELPHIA.**

Digitized by Google

will be found very useful to the practitioner. It contains a table of weights and measures, antidotes to poisons, various tables of reference, and a very complete series of tables, showing the composition of foods and alcoholic liquors. These tables should prove valuable to the physician in cases where special attention to

(*Continued over next leaf.*)

FOR SALE.—My office and adjoining lot; splendid location for a general or special practitioner. Price, $6,000. Address, with stamp, DR. MACKRES, Corry, Pa.

WANTED.—To buy a residence and practice; near a railroad; in Central or Southern Texas. Address, DR. EDWARDS, Paris, Texas.

WANTED.—A good location or partnership in California. Will purchase good property, or trade Washington property. Give full particulars. Lock Box, 248 South Bend, Washington.

FOR SALE.—Property and unopposed village and country practice at discount. Desire to change climate. Address, A. P. ALBAUGH, Kilgore, Ohio.

TYPEWRITER HEADQUARTERS,

188 Fulton st., New York, sell all makes under half price. Don't buy before writing them for unprejudiced advice and prices. Exchanges. Immense stock for selection. Shipped for trial. Guaranteed first class. Largest house in the world. Dealers supplied. 56-page illus. cat. free.

WELL established Hospital and Physicians' Supply House in New York; $12,500. Cause, ill health of proprietor. Address, "Hospes," care of MEDICAL WORLD.

FOR SALE.—Practice and property of the late A. C. Osborne, M. D. Address, F. G. OSBORNE, M. D., South Wales, N. Y.

GOOD LOCATION.—Southern Oklahomo, Canadian Valley; town twelve hundred inhabitants; write for particulars. DR. T., Box 68, Lexington, O. T.

FOR SALE OR RENT.—Village property; good practice gratis; $1,800 per year; rich country; no opposition. Rare chance. Address, DOCTOR, Box 86, Fairdale, Ill.

FOR SALE.—Large general practice in manufacturing city; county seat, surrounded by rich farming community. Terms easy. S. G. KREIDER, M. D. Write to Mrs. D. M. Kansleiter, for particulars, Bucyrus Ohio.

WANTED.—A location in a town or village. Central or Northern Indiana preferred. Willing to buy property. Address, DOCTOR, Box 24, Broad Ripple Ind.

SENT FREE TO PHYSICIANS

A Sample of Hiscajah's Medicated Uterine Wafers will be mailed free to any physician who is not already acquainted with their merits. See advertisement in another column. Address,

MICAJAH & CO., Warren, Pa.

NEW YORK SCHOOL OF CLINICAL MEDICINE.

Clinical instruction to graduates in medicine at the school and at the various institutions with which the professors are connected. The school offers the following. 1.—Strictly limited classes, enabling each member to obtain personal instruction. 2.—Members of classes act as assistants in the clinics, examine and treat patients and perform operations under the direction of the professors.

PROFESSORS:—SURGERY: Carl Beck, M. D. LARYNGOLOGY: T. W. Busche, M. D. PEDIATRICS: S. Henry Dennis, M. D. GYNECOLOGY AND OBSTETRICS: H. J. Garrigues, A. M., M. D. GYNECOLOGY: Augustin H. Goelet, M. D. DERMATOLOGY: William S. Gotthelf, M. D. SURGERY: Thomas H. Manley, M. D. OPHTHALMOLOGY: Henry S. Oppenheimer, M. D. OPHTHALMOLOGY: Franklin D. Skeel, A. M., M. D. GENITO-URINARY DISEASES: Ferd. C. Valentine, M. D. DERMATOLOGY. Ludwig Weiss, M. D. PRACTICE OF MEDICINE: A. P. Zemansky, M. D. For further particulars, address,

FERD. C. VALENTINE, Sec'y N. Y. School of Clinical Medicine, 328 W. 42d St., New York.

MISTURA
STANNOUS BROMIDUM COMP.
Formula of Dr. E. C. Passmore.
For the treatment of
EPILEPSY.

After an experience of ten years in which this remedy has been used in over five hundred cases, we unhesitatingly pronounce it wonderfully successful and far superior to the Brown-Sequard Mixture or other bromides now in use.

In Stannous Bromide we have a new agent that as an antispasmodic has a special influence in controlling the excitation of that nerve center which gives rise to the condition of unconsciousness and convulsion.

Price $1.00 and $3.00 per Bottle.

W. M. OLLIFFE,

Established 1805. Chemist. 6 Bowery, N. Y.

A sample bottle sent to any Physician.

WANTED One thousand local and traveling agents to represent and sell SALO-SEDATUS, the great fever and pain remedy, to Doctors and Druggists.

For full particulars enclose 12 cents in stamps, and address.

Salo-Sedatus Chemical Co.,

ST. LOUIS, MO.

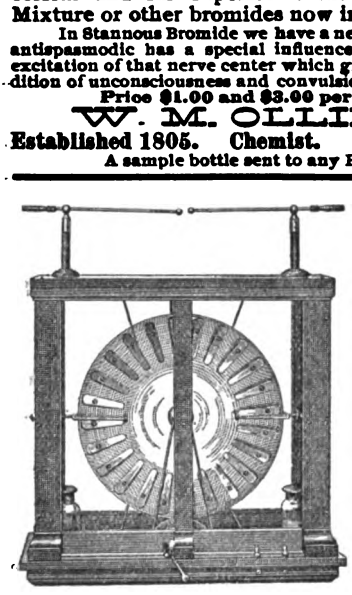
JENNER MEDICAL COLLEGE, (Co-educational)

(School recognized by State Board.)

Regular Spring and Summer Session begins March 2, 1897, and continues six months. Announcement containing requirements for admission and obtaining degree, sent upon application.

Address, Jenner Medical College,

385-397 Washington Boul., Chicago, Ill.



Doctor, don't you want a fine **STATIC ELECTRIC MACHINE** for use in your practice and for **X-RAY WORK?**

We are prepared to build you any type and any size of machine you prefer and give any kind of case made of any kind of cabinet wood you wish, guaranteeing all results and workmanship. Write us just what you want and we will save you money. We will get you Crooks tubes and other appliances at lowest rates. We are prepared to do your polishing and plating for you at reasonable rates.

WOOD & RAY,

Reedsburg, Wis., U. S. A.

Digitized by Google

The Medical World

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World.

C. F. TAYLOR, M.D.,
Editor and Publisher.

Subscription to any part of the United States and Canada, ONE DOLLAR per year. To England and the British Colonies, FIVE SHILLINGS per year. Postage free. Single copies, TEN CENTS. These rates must be paid *invariably in advance.*

We cannot always supply back numbers. Should a number fail to reach a subscriber, we will supply another, if notified before the end of the month.

Pay no money to agents for this journal unless publisher's receipt is given.

ADDRESS ALL COMMUNICATIONS TO

"THE MEDICAL WORLD,"
1520 Chestnut Street,
PHILADELPHIA, PA.

VOL. XV. APRIL, 1897. No. 4.

TYPOGRAPHICAL UNION LABEL PHILADELPHIA

Steps.

Not long ago, easily in your memory and in mine, it was considered criminal to open the abdominal cavity, as it was thought to mean certain death. Now it is thought criminal negligence *not* to open the abdominal cavity in certain cases.

A little while ago, quinine was the only reliable medicinal antipyretic known, and it disturbed the nervous system greatly, and was five dollars an ounce. Now an important class of remedies has come into use that reduces temperature better than quinine and relieves pain better than opium.

Men still young in medicine have seen the rise of bacteriology, a development that threatens to revolutionize the practice of medicine completely.

A short time ago, appendicitis was not differentiated, but was confused with typhoid fever and other conditions.

The few steps mentioned above indicate what strides medicine has taken in the memory of men still young. Many more such steps could easily be mentioned. They indicate what we may reasonably expect in the coming years. Will we keep up with the procession, or lag behind? Each individual must answer for himself.

Municipal Aid in the Diagnosis of Typhoid.

The Bureau of Health of this city now makes free bacteriological examination of blood in suspected cases of typhoid fever. This free municipal laboratory work is a step in the right direction, for a number of reasons. The community is interested in having a dangerous disease in its midst diagnosed as accurately as possible. Accurate diagnosis is the first step toward proper treatment and limitations. We do not stop to ask, "Is this a step toward socialism?" but we know that good sense and public safety demand it, and we do it. The Bureau of Health is a branch of the Department of Public Safety, as it should be. Communities in their collective capacity are undertaking more

Digitized by Google

and more, and always with benefit to the community. Education is a public need; hence our free school system. Safety from robbery and violence is a public need; hence our army, navy and police systems. Safety from contagion is also public need; hence our boards of health, with their many salutary requirements, and now physicians are aided by the public safety department in diagnosing typhoid fever. "Mossbacks" may "croak" to their heart's content about "socialism" and "anarchy," but progressive communities will continue to widen the sphere of collective operations as fast as demanded by public safety or public need.

Indeed, public need now suggests several steps in this direction not yet accomplished. The slums in our cities are a constant menace to public health. How to improve or abolish them has long been a pressing question. Several European cities have torn down the rookeries and built in their stead municipal tenements and lodging houses. These are superior structures well adapted to the purpose, renting at reasonable rates, and required to be kept clean. This plan has succeeded well; but a municipal street car system that would furnish transportation at cost would do much more, as it would enable the poor to live out where the air is pure and room plenty, instead of being crowded and stifled in close quarters in the heart of the city. It is estimated that in our large cities two-cent fares would pay all the cost of local transportation and a profit besides, if owned by the city and conducted for the pnblic service instead of for private profit. This would clear out the disease-breeding slums.

Medical Legislation.

The legislative season is drawing to a close, and the results in the line of medical legislation are important. It is too soon yet to make a summary, as some legislatures have not yet finished their work; but some good results have been accomplished. For example, Indiana has passed a good and much-needed law. It is fair to all schools, as it admits regulars, homeopaths, eclectics and physio-medicals on its board. The bill was carefully drawn and commanded the support of the respectable element of all schools. It is hard on quacks, and they opposed the bill with vigor, but in vain. A few of our readers think that every pretender should be "free" to practice medicine, and every incompetent should be "free" to choose his own doctor. This is not freedom in the modern sense; it is license on the one hand, and lack of protection on the other. It is the duty of the State to guarantee to its citizens that those authorized to pursue such a responsible calling as the practice of medicine shall have reasonable qualifications for that calling.

The medical bill that the Idaho Medical Society was pushing in the legislature seemed likely to fail until Rutland's "diploma mill" was exposed. One of the members of the legislature sent $35 to Rutland and got a diploma. This he exhibited in the legislature and the bill passed in a hurry. Almost all of our States now have a medical law of some kind.

Union.

How many have noticed the design just below the date line on the editorial page? And how many know what it means? It is the Union Label, and it means that all the work done on this magazine is done by union labor. We have all read of distressing industrial conditions, where labor is under-paid, overworked and ground under the cruel heel of capital. The union label on an article indicates that the article was made by members of labor unions receiving

Digitized by Google

union wages, working a reasonable number of hours per day, and under fair conditions.

Doctors do not come in contact with the industrial world enough to become familiar with the trades union development of modern industrialism. Some capitalists and large employers have had much to say about what they call the "tyranny of labor unions." Labor agitators have said much about the conscienceless grinding of capital. Both are right and both are wrong. Only the broad-gauged man can see both sides. And what does the impartial observer first notice? That capital combines more and more every year. This is an age of large and powerful combinations; and we can only surmise what the next generation will bring forth in this direction. Within certain limits, and with certain restrictions, this is all right; for this is progress. But if combination of capital is right, combination of labor must be right, also. Ununited labor cannot cope with united capital any more than an unorganized mob can cope with a regiment of drilled and disciplined soldiers. Labor must unite in its own defense—for its own preservation. If it is right for capital to combine, it must be equally right for labor to combine; and if it is wrong for labor to combine, it must be equally wrong for capital to combine. But some forms of combinations of capital are admittedly pernicious. For example, you cannot sweeten your cup of coffee without paying tribute to the sugar trust; you cannot buy your wife or child a pair of shoes without paying tribute to the leather trust; you cannot live a single day without paying tribute to illegal trusts and monopolies by the dozen. So we could say much about the "tyranny of trusts."

Labor unions are not a final solution of our industrial problems, but they are a step made necessary by combinations on the other side. Perhaps both are necessary in the process of social evolution. Our sympathies are with the producing forces. But capital, in many of its uses, is a producing force. In this event, capital and labor should be in hearty sympathy, both sides being willing to arbitrate in case of difference; but capital usually objects to this (be it said to its shame).

There are things that labor must guard against. The trusts and bondholders favor scarce and dear money, and they try to induce labor to think that the more a dollar will buy the better for labor. Not so; for products are the result of labor, and all the producing forces should stand together. Money that neither becomes dearer nor cheaper (as measured in our leading products) is the only just money. Intelligent labor has for years taken this position, and opposed the gold and bank combine; it is important that all labor should become intelligent enough to do this. We doctors are laborers, and nine-tenths of our patrons belong to the producing forces. The position that we should occupy is very plain.

Please don't feel called upon to write on the prevention of conception. We have had enough, and many more articles are now on hand that will not be printed. Write on something else. Look over your case book and see what diseases were most prevalent with you at this season last year, and write the lessons and results of your treatment.

The most unsatisfactory part of our business is the clubbing department. It is very troublesome. The work comes just when we are the busiest, and yields no profit at all—not even pay for clerk hire. When the club comes directly to us it involves a lot of writing and time-consuming details, and no profit; and when a clubbing order comes to us from some other publisher we get only seventy-five cents instead of one dollar. Nearly all such are renewals, upon which we lose twenty-five cents each. We wish to discontinue all clubbing arrangements. Better send your subscription directly to the publications desired. If you want to send in clubs, send to others not so busy as we, and include one dollar for WORLD.

Digitized by Google

Original Communications.

Short articles on the treatment of diseases, and experience with new remedies, are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month for publication in the next month. Unused manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

READ. REFLECT. COMPARE. RECORD.

Many Thoughts.

Editor MEDICAL WORLD:—I have read with much interest Dr. Melick's account of a twelve months' pregnancy (page 95, March WORLD). In regard to the possibility of such an occurrence, it is well to take the position Huxley occupies in relation to miracles: that we are never justified in saying a thing is impossible, but that in every instance it is simply a question of proof. And the more widely an alleged occurrence departs from the ordinary experience or knowledge of men, so much the more complete must be the proof. So that it is a pity Dr. Melick's case, which really looks like what he claims it was, should not have been made certain by the application of all the tests of pregnancy known, and confirmed by counsel.

The closure of the internal os is not by itself an indication of pregnancy, nor is the open os a proof that pregnancy does not exist. I have passed a sound up to the fundus without the slightest obstruction, when there was a fetus of several months' standing, hidden away somewhere in that womb; and the unusual depth to which my sound penetrated was the first thing that warned me to keep out. Nor is the absence of menstruation a certain sign.

Was there the violet discoloration of the vagina, the placental bruit, the fetal heart-beat, the softness of the uterine os, the rounding of the uterine body and enlargement of the organ? Did ballotement reveal the presence of a ball floating in liquid?

The leucorrhea showed that there was an ailment in the genital system somewhere, not dependent upon pregnancy, and this may have occasioned the symptoms attributed to the latter cause. Then the fact that she menstruated twice afterwards militate against her having been pregnant.

She "felt life" in April, five months, if we count her as pregnant two months when she first reported in January. This quickening is a very uncertain sign. The first evidences of movement on the part of the fetus are feeble and uncertain, and very frequently what is thought to be "life," is simply flatus. I would not like to pin my faith to so uncertain a sign, in a case which, if proved, would upset the common experience of mankind. The French law allows a woman 300 days in which she can bear a legitimate child after her husband's departure; and this is universally regarded as generous to the woman.

Of course Dr. Melick may have made these observations, but he does not tell us; and as he did not expect at the time such a remarkable case, the chances are that he did not do more than doctors ordinarily do on such occasions.

I wish to add a hearty "Amen" to the remarks of "A General Practitioner," on page 96, about this matter of crowding the hospitals and dispensaries while the family doctor is starving. And I wish that out of the great WORLD brotherhood there would arise the long-wished-for leader who would devise a plan on which we could all unite to effectually remedy the evil. But the successful doctor is too busy and the other has not the influence when he stands alone. Will we never learn the power of co-operative effort? We are the world's altruists. We stand apart from the bulk of mankind in that we perform certain duties to our fellowmen, irrespective of their ability to pay us. The Bellamy system would be welcomed with delight by the mass of our profession, as enabling us to do just what we are now doing, without the risk of starvation. Even this custom of sending cases to specialists is an evidence that to us the interest of the case outweighs that of our personal gain. But we are husbands and fathers; we, as well as other men, want to see our families decently

Digitized by Google

clad, housed and educated, and their future provided for. Can we not devise a plan to restore the balance between us and the community? I have often thought that I would like to confine myself to a certain number of families, attending them for a specified salary, and devoting myself to the duty of keeping them in health as well as attending them in sickness. Would it work? Can anyone suggest a better plan?

The hemorrhage in Dr. Pendleton's case (page 99) is from the kidney, and probably is due to calculus. I would suggest a trial of the oil of erigeron, five drops three times a day, and the free use of water, alkaline or acid, as the urine may indicate. If there should be no relief after a reasonable time has elapsed, the aid of the surgeon should be secured.

Dr. Line asks if atropine is not more harmful than morphine (page 99). It is not wise to give two remedies when the effect of one is enough. Atropine counteracts a danger of morphine by dilating the vessels, and preventing the interference with elimination. Atropine also sustains the heart, checks the convulsive tendency, unless given in too large doses, and increases the hypnotic effect of morphine. But in the combination hypodermic tablets the dose of atropine is generally too large. About 1-150 grain is as much as should be combined with ¼ grain of morphine.

Dr. Howell (page 100) has found an admirable remedy for dyspnea in quebracho, though I prefer the alkaloid, aspidospermine. The case described is not clear. Emphysema may occur in the course of an ulcerative phthisis, and neither primary emphysema nor bronchitis would account for the fever. It is a pity that physicians do not avail themselves of the certain means of diagnosing pulmonary affections afforded by the microscope. The outfit, including an oil immersion lens, can be had for about $150, and the laboratories will examine a specimen of sputa for $5. Some difficulty exists about sending sputa in good condition. Richardson used to have urine forwarded in perfect condition by filling a vial with potassium acetate and pouring the urine over it. With sputa, alcohol, formalin or boric acid solution would probably preserve from decomposition and prevent the multiplication of the micro-organisms on the way.

Dr. Yager had better send his patient with dementia to the asylum. She certainly needs the discipline, sane or insane. If the latter, she should have the opportunity of recovery, which is not great even at the asylum, but much less at her home. When removed from her husband the irritation may subside; and few insane patients are so crazy as not to realize the difference between a hospital and a good home, and that it requires self-control to enable them to get their release.

I am sorry "Lenox" (page 102), considers my remark about sickly women marrying "cold, heartless and cruel." Perhaps we have different types in our minds. Certainly, if a man marries a sickly woman, knowing her to be such, and accepting the burden laid on him, there is nothing to be said. She is his choice, for better or worse, and he has no cause of complaint. But he must not spoil his chivalric choice by expecting her to bear the ordinary burdens of maternity, when he married her knowing her unfitness. This is probably the case "Lenox" had in view. But my remarks applied to a totally different case, where the man thinks he is marrying a helpmate, and finds he has saddled himself with a burden. If the woman has let him marry her in ignorance that she is physically unfit to be a wife and mother, I say again, she deserves no sympathy. And the case I had in mind is one where the parents unloaded, upon an unsuspecting young fellow, a chronic invalid, an ill-natured, grumbling, selfish creature, who has kept his nose to the grindstone and made his home an earthly hell. Of course, there are no children. You should see my lady's scornful look at the suggestion. "Lenox" might sympathize with her, but after being called out of bed in a rain-storm (she never sends for me any other time) a few times, when there is nothing the matter but temper, his sympathy would run dry.

My critic quotes my remarks about women marrying, *knowing* themselves unfit, and then goes on to ask why we should punish women who don't know they are unfit? When you undertake

Digitized by Google

to criticise, it is well to read your opponent's statements before questioning them. The ignorant are victims; the knowing ones are those I object to. I cannot go into this question any further without repeating what I have already said in recent WORLD letters.

Dr. Mitchell (page 104) hits the nail squarely upon the head.

Dr. Simpson (page 122) asks about the treatment of old leg ulcers. When an ulcer does not heal it is because there is some irritant at work, or because the vitality is insufficient to set up the healing process. If the first be the case here, use germicides like the mercurial ointments, or sanitas oil. Generally the difficulty is the debility, and then the patient should have iron and lime in generous doses; the ulcer should be supported by adhesive straps and dressed with raw white of egg or bovinine, as local nutrients. At times an ulcer becomes irritable, when a one per cent. silver solution may be applied once, and the surface then covered with bismuth subnitrate, mixed to a creamy state with water.

Dr. Moore (page 122) asks about preparations. I wonder if he has ever used the alkaloids—probably not, or he would not be asking for information. With accuracy in diagnosis, with an appreciation of the essential pathological condition of the tissues affected, these little granules bear the same relation to the older galenical preparations that the rifle does to the shot-gun. Take sanguinarine as a remedy to break up a cold. I cannot imagine any one going back to brown mixture and ammonia after testing this old remedy in its modern form.

Dr. Olmstead presents a very interesting condition on page 122. Coldness of the extremities in women may be due to any of the depressing diseases, but in the absence of these the causes are tight lacing, lack of exercise and constipation. A grim old doctor of the ancient type used to recommend a live mouse on a string, dangled before the sufferer. But constipation is the important point, for among the ptomaines generated in that toxicological laboratory, the intestinal canal, is at least one that lowers the bodily temperature. There is a curious observation I have just made upon a case of mammary cancer. The lady has gained in weight and looks well, but her power of keeping up the body heat has notably diminished, so that she seems unable to warm herself when she goes to bed, as people usually do, but requires hot bottles, etc. There is as yet no indication of impaired nutrition, except the gain in weight, and no evidence of blood deterioration.

I am profoundly interested in the note upon cancer cures. In a non-operable case under observation, I noted that there seemed to be a pause in the symptoms and the progress of the malady during menstruation. Take this with the frequency with which cancer develops about the change of life, and we have two more facts which may assist us in studying this affection. In considering the possibility of restraining the growth by internal medication, I am inclined to think that some effect can be seen from phytolacca, cicutine and the iodide of arsenic, given together. Use the green drug fluid extract of phytolacca, and push the dose up as far as it can be tolerated. Of the cicutine, I prefer the granules, and give enough to keep the pain under control. The iodide is the most active of all the arsenical preparations, and the most effective. One granule, gr. 1-67, three times a day, is a dose that can rarely be exceeded with advantage. Of the new methods of treating cancer, none promises as well as the use of electricity, by the method of Inglis Parsons. The patient is anesthetized and the galvanic current is flashed in every direction through the growth. The method is based upon the well-known fact that the cancer cells are of a lower grade of vitality than the healthy tissue, hence the tendency in the former to spontaneous death. By using a current strong enough to devitalize the cancer cells and yet not injure the healthy tissue, the neoplasm is destroyed, and the tumor shrinks to a hard, fibrous knot or scar. In the hands of a skilled operator, this method has had a fair measure of success, and as experience increases, it is fair to look for better results as time goes on. My one observation of the subsidence of a threatening growth in the scar left by removing a mammary cancer, has not yet been repeated. I employed

Digitized by Google

a mild faradic current, with the best rheotome procurable, and the growth subsided completely. But I have never had the chance to try it again; the cancer cases preferring to go to institutions where they guarantee cures "without the use of the knife." While I have read very glowing accounts of the results of treating "cancers" in these places, no case of true malignant disease known to me as such has received benefit there.

Dr. Bowen (page 123) may find in hyoscine a remedy for the tremor that annoys him. Take gr. 1-500 in hot water, gradually increased to gr. 1-100, or until the throat begins to dry, as when atropine is taken. Most forms of tremor are relieved by hyoscine. An ice bag applied intermittently to the spine, followed by brisk rubbing, may also prove beneficial.

Why should Dr. Robinson attribute the extrocardia to the fact of the mother having witnessed the hog-killing? Are there not thousands of women who, while in the early months of pregnancy, have seen and assisted at the butchery without having a deformed child? Darwin tried to get at the truth of this matter, but could not find a single authentic case in which the prospective mother predicted the child's injury before its birth. When the babe is born and is found to be marked, the women at once proceed to recall some occurrence to which they can attribute the deformity.

Dr. Henry ought to write a description of the burns caused by gas in coal mines, and show how they differ from other burns, if it is true that they do. One cardinal principle should be remembered in treating burns: Keep out the air and its accompanying micro-organisms. The story of the man who fell in the vat of boiling soap, and was left covered with it, as a hopeless case, but recovered in consequence, should be told to every new class of medical students.

WILLIAM F. WAUGH, M. D.
103 State st., Chicago.

Creolin for Burns.

Editor MEDICAL WORLD:—Numberless substances have been used with more or less satisfaction as applications in the treatment of burns. Many of them have been serviceable in particular cases, while notwell adapted to general use, or in burns of various degrees. Carron oil is always orthodox as a protection from the air. Beyond this it has no special value, and it is, of course, wholly wanting in germ-destroying properties.

For recent burns of the first or second degree, bicarbonate of soda in saturated solution, or the powder sprinkled on the injured surface and covered with a wet cloth, gives speedy relief, and has the advantage of being cheap and readily procured in almost every household. Carbolic acid, creosate, alcohol, picric acid and iodoform have their special advocates and their proper uses, but most of them have their drawbacks, and under some circumstances are objectionable.

In burns of the third degree, aside from the sloughing of charred and steam-cooked tissues, the treatment called for is simply that which is proper for open wounds healing by granulation, or haply assisted by skin-grafting.

Where there is a large open surface, the healing proceeds by extension of the bordering skin with its supply of blood-vessels and nerves, and usually progresses satisfactorily for a time, but eventually, for want of sufficient vitality, the process of repair comes to a stand-still; may even take on retrograde action by the breaking down of the new and insufficiently nourished tissues. Stimulating by silver nitrate may revive the failing growth, but sooner or later we reach the point where only skin-grafting in some form will bridge over the open space.

Something that will aid in continuing the work of repair to a completion would be a desideratum. Creolin comes nearer to meeting this indication than anything I have ever seen applied. It is of undoubted value in the milder grades of burns, but its pre-eminent value is shown in its enabling us to bridge over larger areas and wider spaces by granular healing and extension of the marginal skin than under any other known method.

It is almost incredible how rapidly healing takes place and good, sound new tissues and integument form.

The mode of dressing burns is of the

Digitized by Google

first importance. A satisfactory method is to apply surgeon's lint or soft cloths wrung out of a creolin solution at a temperature slightly above body heat. This is kept constantly wet with the solution, and the dressing is disturbed only at long intervals—say once a week, more or less, as is deemed best.

This simplicity of the treatment is one of the important features; the absolute comfort of the patient is another; the antisepsis and rapid healing another. Nor are the cheapness and harmlessness of the application to be wholly overlooked.

According to my observation, a strength of one-twentieth of one per cent. is certainly strong enough. I should prefer it even weaker, rather than stronger than this. Those who may think this an infinitessimal strength should bear in mind that the evaporation that takes place is of the water, leaving behind a constantly increasing residuum of creolin.

A case or two from my note-book may not be out of place.

In August, '96, a baker accidentally stepped into a kettle of boiling fat used in frying crullers. The foot and leg were cooked to five inches above the ankle. As a matter of course they rushed at once to the druggist, who prepared them a mixture of linseed oil and lime water. When they went for the third time to have the bottle refilled, they informed the druggist that the foot had turned black. He prudently refused to have anything more to do with the case. At this stage I first saw the patient. The man had had no rest, no sleep since he was burned, and the foot was apparently gangrenous. I had it wrapped in cloths wrung out of warm creolin solution, and continued the application, not once removing the covering for three weeks. In two or three weeks more the foot was usable, and today it is all right. Of course the new skin is red, as would be expected, but it is not hypersensitive.

About the same time I saw Mrs. R., 58 years old, whose foot was scalded with boiling water. It was first treated with domestic remedies, including carron oil, and later with poultices. I first saw it when it had been treated in this way for a week or ten days. The skin and tissues had sloughed from the dorsum of the foot, and the tendons were bare. I directed soaking the foot in creolin solution for ten or twelve hours, and then made continuous applications of the solution by means of surgeon's lint. In due time she made a good recovery.

One more case, illustrating how *not* to do it, as well as how to do it, I give in some detail.

Mamie C., 8 years of age, was burned at a bonfire October 9, 1896. The posterior and outer aspect of the right arm and forearm, lateral aspect of the thorax, the buttock, thigh and leg, all on the right side, were blistered by the burning of her clothing. She was attended by Dr. X. On the second day he punctured the blisters, evacuated the serum, and also actually tore off the cuticle, exposing in all more than a square foot of raw surface. This was treated with nitrate of silver, presumably after the barbarous method recommended by Billroth, who himself admits that it causes a great deal of pain. After a few days of such treatment, the approach of the doctor was enough to frighten the child nearly into convulsions. Some of the neighbors gave notice that if this continued they would remove from the flat, on account of the heart-rending cries of the child while being treated.

Following the nitrate of silver, some kind of salve was applied. This style of treatment was continued daily for six weeks. The doctor made forty-three visits in that time, and received his fee at each visit.

Matters were growing worse. No healing took place—rather the open sores were spreading—and the child had wasted almost to a skeleton. During all this time she had laid upon the left side, the right leg semi-flexed upon the thigh, and the knee joint had become ankylosed.

The family being in moderate circumstances, living upon the small wages of the husband, and having rent to pay, asked a little leniency in the matter of payments to the doctor, promising to pay in full in a short time.

The doctor's visits ceased at once. After waiting two weeks for him, in the meantime treating the child with the expensive ointment somewhat as the doctor

Digitized by Google

had done—the condition growing worse—I was asked to see the child.

The haggard, skinny condition of the little girl was pitiable. The sores were all open, putrid, offensive beyond description. That on the thigh and buttock was the largest, being 13 inches long, and from 3½ to 6 inches wide.

The mother seized the dirty rag that had stuck down into the raw sore, and pulled it off at one jerk, despite the screams of the child. Blood literally poured from all this bare surface, and ran in streams down upon the couch. Upon remonstrating, I was informed that that was the way the doctor did, he not having time to remove it slowly.

Is it strange that there had been no progress in healing? It was another case of the boy's pulling up the planted beans every day to see if they were growing. I softened the remaining cloths and cleaned with warm carbolic solution.

Following a recent French suggestion, I saturated surgeon's lint with warm milk and covered the sores with these compresses. This gave great comfort, and the sores at once took on a better appearance. After a few days I became suspicious of the fermenting milk, and discontinued it.

From this time forward I used the creolin solution, applied constantly, and the process of healing was truly marvelous. The skin rapidly pushed out from all the borders, the blood vessels and nerve supply kept up their vitality, and even the buttock, where skin-grafting was believed to be necessary to cover the broad span six inches wide, continued to heal until fully covered with good, sound, healthy integument.

I repeat the caution to use only a weak solution of creolin in water; keep the surface of the burn constantly covered; and avoid frequent dressing aud disturbance of the affected parts.

BENJ. EDSON, M. D.

83 St. Mark's Avenue, Brooklyn, N. Y.

Treatment of Burns.

Editor MEDICAL WORLD:—Dr. J. A. Henry, of Banning, Pa., page 123, asks for "a good treatment of burns from coal gas." The burn is the same as from any other blaze, and similar to gunpowder burn.

With a soft brush, rag or feather, smear all over the surface and a little over the edges with pure undiluted carbolic acid. It turns the surface white and makes an impervious coating, under which a new skin forms in a few days. At the same time all pain ceases instantly. Have no fear of any untoward event of any kind. I have seen children go to sleep while the light cotton dressing and bandage were being applied. For a deep burn, as from a piece of red hot iron or a coal of fire, wet a piece of cotton with the acid and fill it into the cavity. The relief from pain is instantaneous, only a few seconds being required.

When the skin is charred or dried, mix equal parts of boric acid and acetanilid in castor oil to a thin paste and spread over the surface; cover with light cotton batting to protect. This acts slower in soothing pain than the carbolic acid, but is equally effective.

On a surface of considerable extent, when the cuticle is scalded or burned so as to blister, I would prefer the carbolic acid to the above, as its action is immediate and safe every way.

Dr. Allis' idea is that the acid forms a chemical composition with the serum and protects from air or further absorption of acid. BEN H. BRODNAX.

Brodnax, La.

Sub-normal Temperature in Pneumonia.

Editor MEDICAL WORLD:—Although you asked for reports of cases of pneumonia for the January WORLD, I hope the following, which occurred in my practice during that month, will not be out of order:

On January 13th I was called to see William F., colored, aged about 30. I found him suffering with grip, temperature 103.4°, general aching, some little pain in right side, and a slight cough. He had been having chills and fever every other day for two weeks; at this visit I found no trouble in lungs. I saw him again on the 14th, and found him better in every respect; temperature 100°.

On the 16th he was taken worse, and I was sent for in the afternoon. I found him with a temperature of 102.2°, slight dullness over upper and middle lobe of right lung, also crepitant rales well marked over same area; dull pain in

Digitized by Google

side, but no rusty sputa. Of course my diagnosis was pneumonia, and I put him on appropriate treatment for same.

Being detained on the morning of the 17th, I did not see him until about 8 p. m. I found him very weak and in a slight stupor; I also found the room full of company, two of whom were smoking old pipes, the scent proving this. I emptied the room of all but two people. My patient's temperature was 104.1°, which was easily reduced to 102 by cold sponging. His cough was much worse, with plenty of rusty sputa. I ordered whiskey, one-half tablespoonful every three hours, alternating with carbonate of ammonia grs. v, and nitrate of strychnine gr. 1-50. On the morning of the 18th I found him perfectly rational, dullness complete over the upper and middle lobe of right lung, pulse good and strong, temperature 99°, sputa rusty. On the morning of the 19th he expressed himself as better; temp. 97°, skin warm and moist, lung still dull on percussion; ausculation showed a few returning rales over apex. Not a single symptom of collapse, notwithstanding the sub-normal temperature.

20th, in the afternoon, temp. 97°, pulse good, sputa slightly tinged with blood, dullness a little less marked.

21st, temp. 97°, condition good, lung gradually clearing up; rusty sputa absent.

22d, temp. 97°, feeling a little hungry, rales all over middle lobe, upper lobe perfectly clear.

24th, lung all clear except a few rales in middle lobe; temp. 97°. I dismissed the case with instructions to call at my office the first time he was in town.

On finding his temperature 97°, I thought of course I was mistaken, or perhaps his mouth was unduly dry, so tried in axilla for fully five minutes; results the same.

On the 20th, 21st, 22d and 24th, to be certain, I used two thermometers, both in axilla and under the tongue. There was no crisis, but a gradual and complete recovery, with no unfavorable symptom except the sub-normal temperature. As to my diagnosis there can be no mistake, for as far as ausculatory and percussion signs went, it was a typical case; in fact, in a practice of ten years I have never seen a plainer case.

Now, as to my treatment, realizing that pneumonia is a self-limited disease, my treatment was entirely upon the supportive plan, meeting complications as they arise. In above case, on my first visit, I gave for fever antikamnia with caffeine, but after pneumonia was detected no antipyretic except cold water was used. Up to the 22d, I used carbonate of ammonia and strychnine, then for the carbonate I substituted muriate of ammonia. I do not use alcoholics as a matter of routine, but rely mainly on strychnine.

According to instructions, the man called at my office on February 8th, and his temperature, taken with the same thermometer, was 98.2.

Now, Mr. Editor, I am fully aware that my case presents no points of interest except the subnormal temperature continuing with no other unfavorable symptom. I confess it has puzzled as well as interested me, as it is so foreign to the ordinary run of that disease. I hope to get some expression of opinion from some of the brother M. D.'s, as well as the Editor, as to its cause. I must beg your indulgence for encroaching, this my first time, upon so much of your valuable space.

JOHN H. HARDEN, M. D.
Society Hill, S. C.

[Don't know the cause. It is a unique case. The alcohol does not seem to have been given in sufficient quantity to cause sub-normal temperature.—Ed.]

Pneumonia. A Reply to "Lex."

Editor MEDICAL WORLD:—In the March WORLD, page 111, "Lex" is impressed with the diverse treatment of pneumonia advocated by two or three physicians, and thinks physicians should establish an ironclad rule one way or the other.

"Lex" loses sight of a basic principle, the recognition of which would probably make plain to him many apparent discrepancies, viz: medicine is not an exact science; it is an art.

If medicine were an exact science it could be practiced with mathematical precision; and we could lay down fixed rules to be followed, not only in pneu-

Digitized by Google

monia, but in every other ill to which human flesh is heir. Then, no need for long years of study—no need for four years in college—no need for hospital experience. "Lex" could buy a few medical books and *at once* practice medicine as well as the fathers in medicine.

But how essential it is for long years o fstudy and preparation in order to become well grounded in the foundation principles; and then our success as a practitioner will depend upon the degree of judgment with which we apply and fit to our patients these fundamental principles. How poorly equipped is he who must literally fit his text-book description, prescriptions and all, to the case in hand. This, as the Editor so truly says, is treating the name of the disease, and not the diseased body. This gives the explanation of why, when Dr. A so highly recommends a certain line of treatment for a certain disease, Dr. B tries it and signally fails.

While to the lay mind there may be an apparent inconsistency in the different lines of treatment suggested in the discussion of pneumonia, there is none to the medical mind. In one case we must give expectorants in order to liquify inspissated mucus and inflammatory products; in another, astringents to check undue waste, tone up relaxed tissues and overcome hemorrhage; in another, we give cathartics to unload the primæ viæ; in another, we must control diarrhea; again, we may profitably produce emesis, while in another, probably more often required in the treatment of this disease in children, we must control vomiting and allay gastric irritability. All these different methods are strictly rational and scientific, and the intelligent physician resorts to them as indicated.

I think I am safe in saying that when "Lex" takes pneumonia, he will want to be treated in accordance with what his own individual symptoms indicate to be right, and not necessarily along the lines followed when his neighbor was sick.

I take it that "Lex" is a member of the legal profession. If he were called upon to defend a man charged with murder, he would pursue that line of defense offering the greatest prospect of success, and probably success would crown his efforts. Then in his next case of like charge he might have to take an entirely different line of defense and yet be equaly successful. In adapting himself to all the surroundings and circumstances of his different cases he would show he possessed great legal acumen and skill. So the physician, in duly weighing all the circumstances, environments and symptoms of his cases, and adapting his remedies thereto, indicates that he is a careful, painstaking and intelligent practitioner, and not a mere routinist.

L. B. ALLEN, M. D.

Humboldt, Neb.

Dr. E. E. Gilmore, of Adrian, Mo., writes that pneumonia is indigenous in that vicinity, having occurred there every year since he has lived there, dating back to 1857. It is more prevalent some years than others, but it is neither as prevalent nor so fatal now as formerly. This the doctor attributes to the comparative absence of malaria. The system weakened by malarial poisoning was much more prone to an attack of pneumonia, and a fatal result was much more likely. In treatment, he neither bleeds nor vomits; he begins with cathartics; if pulse is full and rapid he gives aconite till it is down to 90; he gives carb. ammon. in "teaspoonful doses every four hours regularly till convalescence;" ease pain with opium and control cough with Dover's powders and codein; use a moderate amount of alcoholic stimulants and plenty of liquid nourishment; in the third stage, support the heart with digitalis, stroplathus and nux vomica. He says: "Under this treatment 95 per cent. will recover."

Meditations on Antitoxin.

Editor MEDICAL WORLD:—But why should I use antitoxin in the treatment of diphtheria? If I accept, without question, the statement that the antitoxin treatment has reduced the mortality from diphtheria, I should also accept the other no less important statement, that I, not being a bacteriologist, am not capable of diagnosing diphtheria. This would make the bacteriologist the real doctor, and myself only a figure-head or block-

Digitized by Google

head, as the case may be. The "American System of Practical Medicine," page 680, says: "In judging from the appearance and symptoms of a case, one must first acknowledge that there are certain mild exudative inflammations of the throat belonging both to diphtheria and pseudo-diphtheria which appear exactly alike, having similar symptoms and similar duration. It is even possible to examine two cases, knowing that one is surely diphtheria and the other surely is not, and yet be unable to determine which is true diphtheria and which is pseudo-diptheria." That seems to settle the matter. The statement is dogmatic and not to be contradicted. I may be blind, absolutely blind, as to the diagnosis of diphtheria, but when I fall into a logical ditch I cannot resist the inquiry whether they who insist on leading me are not a little myopic.

Until the year 1890, or there about, the term "diphtheria" included all the throat anginas characterized by pseudo-membrane, with the possible exceptions of some cases of scarlet fever and membranous croup. But the bacteriologists were pregnant with a theory, and whether "the mountain labored and brought forth a mouse" is a question many very honest and able physicians hold still *sub judice*. They are not quite ready to believe that that which they had regarded as the morning star of scientific medicine was nothing but a meteor of insignificant magnitude. They are not quite ready to believe that the brilliant morning star of medicine burst the clouds of ignorance in the zenith of scientific glory.

Bacteriology labored and brought forth a theory; viz: The Klebs-Löffler bacillus is the cause of diphtheria. Soon it was demonstrated beyond the possibility of a doubt that the streptococcus and other bacteria produced a disease having all the clinical characteristics of diphtheria. What must be done? Our nomenclature must be deformed to fit the theory. The edict went forth that only such anginas in which the existence of the Löffler bacillus was demonstrated should be recognized as diphtheria. This is equivalent to a court decision that was once actually rendered in this county. A man was acquitted of *horse* stealing because "it was proved in court that the animal he stole was a *mare*. The fact of the stealing was not questioned.

Would it not be better to say Klebs-Löffler or Löffler diphtheria, or streptococcus diptheria, or Löffler-streptococcus diptheria, etc.?

But we are told that Roux and Yersin found that virulent diphtheria bacilli inoculated on the healthy membrane in the trachea of rabbits produce no lesions. Then it was discovered that the virulent bacilli might exist, develop and disappear from healthy human throats without producing any lesions. The virulent Löffler bacillus can be distinguished from other bacilli only by demonstrating its virulence; this can be done only by the animal experiment, or guinea pig test, that requires four days. The Löffler bacillus, streptococcus and other bacteria are often found in intimate association. Most persons are naturally immune to the virus of the Löffler bacillus. A person may be immune from diphtheria and non-immune to the virus of the streptococcus. *Now, if the bacteriologist, in a supposed case of diptheria, finds these bacteria in association, how can he determine with any degree of certainty which caused the disease?* If in such a case there is no way to determine which caused the disease, and it is admitted that in the vast majority of cases these bacteria are found in intimate association, of what diagnostic value is the Löffler bacillus? It seeme to me that the bacterial diagnosis of diphtheria is based on the assumption, altogether gratuitous, that the Löffler bug is an expert in getting ahead of his relations with his disease-producing proclivities.

Admitting that the bacterial diagnosis of diphtheria is all that is claimed for it, it is also admitted, on the other hand, that injections of antitoxin in cases that are not true of diphtheria are more likely to be attended with serious, and often fatal, results. It is very important, then, that the diagnosis should be made out, even if it does take four days before the antitoxin should be administered. If fatal or even serious results should follow the administration of antitoxin in a case afterward proved to be other than true diphtheria, the physician administering the dose could, and in justice should, be prosecuted for malpractice.

Digitized by Google

A physician has no right to jeopardize the comfort, health or life of his patient by the administration of dangerous remedies until he is positive of the diagnosis, and reasonably sure that less dangerous remedies will not produce the desired result. If we use antitoxin in diphtheria with any hope of success, we must use the remedy first and diagnose the case afternoon — treat in haste and diagnose at leisure. Is that the keynote to the science of medicine? Table V, "A. S. P. M.," vol. I, page 700, shows that of 4,232 cases injected on the first and second days, the mortality was 6.3 per cent. Of 3,870 cases injected on the third and fourth days, the mortality was 17.2 per cent. Of 1,984 cases treated after the fourth day, the mortality was 34.6 per cent. I believe that this is a much larger average mortality than occurs in ordinary country practice.

Whether *all* the cases treated on the first and second days—before the diagnosis could be made out—were afterward demonstrated, by the guinea pig test, to be true diphtheria, we are not told. We do know, however, if we rely on the assertions of the bacteriologists, that when the treatment was commenced these cases were not known to be diphtheria, and that the diagnosis was only surmised or guessed at; and if not afterward confirmed by the guinea pig test, are absolutely worthless as showing the value of antitoxin. If I ever use antitoxin in the treatment of diphtheria, it will not be as the result of baseless assertion, balloon theories that need only the point of a pen to let the gas out, or statistics attenuated on the one hand and inflated on the other. Let us have light.

St. John, Wash. J. W. LOCKHART.

Experiments with Snake Venom.—Charge of Abortion.

Editor MEDICAL WORLD:—An excerpt from the *New York Medical Journal*, published on page 450 of your volume XIV, says that Dr. Arthur Stradling, of Ceylon, had been done to death by a snake. The phraseology of the paragraph plainly points to the *Indian Medical Record* as the source of information; but happily this good doctor was not killed. The facts are, that emulating my old friend, Dr. Vincent Richards, once of Philadelphia, Pa., Dr. A. Stradling gave himself heart and soul to the antidotal aspects of ophiology, and had, as he thought, immunized himself. But in July last he was experimenting with one of the most deadly snakes of Ceylon, when the reptile bit him. He lay hovering between life and death for several hours, but ultimately recovered. Noting an announcement of his death in the RECORD, I telegraph to Ceylon for facts; and though not furnished with full information, was glad to learn that the doctor was convalescent, which fact I communicated to the *Indian Journal of Pharmacy* (*vide* page 56) and the RECORD subsequently corrected itself; but perhaps the New York paper did not notice the correction.

Apropos of antidotes to snake bite, a good deal has been said; but I am not prepared to accept them as infallible, as in every instance of "cure" there is no evidence of the bite having been a fair and square one with nothing interposing between the skin of the victim and the fangs of the snake. It is widely known that where a snake bites through clothing there is every probability of the patient recovering without medicine, even though the fangs have sunk deep into his flesh. A good deal also depends on the condition of the reptile and the season and sequence of the bite, while the symptoms of the injection of the inspissated poison differ considerably from those evinced by a fresh bite. These facts were elucidated in 1888 when Dr. W. J. Simpson, Municipal Health Officer of Calcutta; Dr. Vincent Richards, Port Health Officer and Snake Specialist; Dr. Pedley, Health Officer of Rangoon; Surgeon-Major J. Stephenson, A.M.S., and I undertook a number of experiments with dogs who were subjected to (*a*) cobra bite unprotected, (*b*) injection of inspissated cobra poison, (*c*) injections of the various antidotes, (*d*) cobra bite through cloth, (*e*) antidote injected according to directions after the injection of the inspissated cobra poison, (*f*) antidote injected after bite by cobra protected and not, (*g*) cobra bite after injection of antidote, (*h*) injection of inspissated poison after injection of mixtures of antidote (*k*) injection of mixtures of antidotes and inspissated

Digitized by Google

cobra-poison, and these experiments were afterwards repeated by myself. Note results: *a*, *b*, *c*, *d* were reserved as control animals, all of *d* recovered, but *a* and *b* took longer to die than *e*, *f*, *g* and *h*; while of *c*, those that had been injected with strychine and the "patent" antidote died, and inflammatory centres were set up in those injected with calcium chloride and permanganate of potash, which drugs, as also strychnine, gave the best results in those cases of class that were bitten through cloth, while they utterly failed in those of the same class where the fangs directly entered the flesh without the interposition of cloth. Antivenin was not tried, but it was a notable fact that in series *k* the other antidotes were useless, while strychnine, calcium chloride and permanganate of potash (merit in order of sequence) appeared to render the poison "inert" when mixed with it prior to injection, though the same drugs did not appear to exert a salutary influence in series *e*, *g*, *h*. Altogether 250 dogs were experimented on, and experimental errors were carefully guarded against by not letting the same reptile bite a second dog the same, and the inspissated poison was got by Dr. V. Richards and myself from uninjured cobras, somewhat after the manner in which crotalus and lachesis are obtained in America from the rattlesnake and trigonocephalus lachesis, dried in vacuo and preserved in hermetically sealed tubes to prevent oxidation and deterioration.

A very painful story comes from Hyderabad, Deccan, in which Arthur Napoleon Templeton, uncle to one of the children of the late Eugene Courjon, Prince of Chandernagore, French India, stands charged with having, on Dec. 6, 1896, with intent to cause the miscarriage of Marian Edith Whittaker, she being with child, done acts and abetted acts which caused the death of the said Mrs. Whittaker. The case is proceeding, but at the preliminary inquiry it leaked out that Surgeon-Captain P. Hebir, I. M. S., who was in attendance on the woman just before tetanus set in, sent for Surgeon-Colonel E. Lawrie, I. M. S., in consultation, and told him that Mrs. Whittaker "had been suffering from cold and sore throat for several days, and the day before she was suddenly taken ill with lockjaw and since had violent spasms, which were attributed to cold and want of care in bathing." Dr. Lawrie furthermore stated in court that when he suspected abortion he taxed Dr. Hebir with trying to mislead his diagnosis, when the latter apologized to him for having deceived him, confessed his cognizance of the case having been abortion, which he solemnly declared he did not in any way abet the commission of, and said he had deceived Dr. Lawrie in order to shield Mr. Templeton. Some evidence of the above nature having been recorded by the Residency Court on the 22d ult., the case was remanded to let the police fully investigate the matter.

ROGER S. CHEW, M. D., C. M., M. S. C.
Editor *Indian Jour. of Pharmacy.*
Jan. 13, 1897, 11 Wellesley st., Calcutta, India.

Morphia and Atrophia.

Editor MEDICAL WORLD:—Apropos of Dr. Line's letter, p. 99, March WORLD, I will say, that in thirteen years' practice I have made an almost routine practice of giving a small amount of atropia with morphine, particularly when I use the syringe. I consider this plan the best. There is less nausea afterwards, and more perfect sleep. I have never seen a symptom of convulsions caused by it; in fact, in convulsions the atropia, as far as the nervous symptoms are concerned, is a synergist to the morphine. Patients of other physicians who have told me that they cannot take morphine on account of the nausea afterwards, have taken morph. gr. ss., atropia, gr. 1-150, and no nausea followed at all.

Camden, S. C. J. W. CORBETT.

[The proportion mentioned above is about right; but the atropia is frequently given in two or three times the above proportions, and that is likely to produce nervous excitement.—Ed.]

Morphine Poisoning.

Editor MEDICAL WORLD:—I was called at 10 o'clock p. m. to see a case of morphine poisoning in a strong, vigorous man, a blacksmith by trade. I arrived at 10.15, found the patient sitting in a chair supported by two men. He was wild, wanting to fight, but was too

Digitized by Google

weak to stand or walk alone. The attendants said he had taken morphine. Pulse running from 90 to 100, full but not strong. Eyes (pupils) large, and he looked wild. Could get very few answers from him. He would ask for morphine. Supposing he had been drinking and probably taken morphine to sober-off on, I sent a man to ask the druggist if he had gotten morphine there. Messenger returned and reported he had gotten ten pills, ¼ grain each. The attendant said he took the last one at 9.15 p. m., just one hour before I saw him. I gave him 2 grs. permanganate of potassium just before sending messenger to druggist, and while he was gone I got 1-5 gr. apomorphine ready to inject in arm, and when messenger said he had gotten ten pills, and we knew he took all, I thought it time to go to work in earnest, so injected apomorphine after starting messenger for stomach pump; but had him vomiting heroically before messenger returned. Gave him warm water, a pint at a time, and kept him vomiting till everything was out of stomach; kept him walking; at 11.30 p. m. gave him 1 gr. permanganate pot. hypodermically; at 12 I went home leaving instructions to keep him moving till 3 or 4 in the morning. Called next morning and found him resting well, but very weak. Was out at work in three or four days. Arm got very sore where I injected permanganate of potassium. Does it always make the arm sore when injected?

I would be glad for any comments from Editor or others as to treatment. I am not in the habit of writing for publication, but I enjoy reading the articles of others, and thought I ought to report this, and if the Editor thinks it worthy a place in THE WORLD, all right; if not, drop it in the waste basket.

T. W. LE CRONE, M. D.

Millersport, O.

[Treatment very good. How do you account for *dilated* pupils? Did the pills contain atropine? It is your duty to report interesting and valuable experience to the medical press. The last few lines of the above are printed as a text for a few general remarks. It is our experience that the best articles are modestly submitted. Whenever we receive an article and find at the beginning or in an accompanying letter the following: "Publish if you find worthy; if not, drop it in the waste basket," we nearly always find it to be a good article. On the other hand, if an article is pompously presented, it is rarely worth publishing. Modesty and ability usually go together. —Ed.]

An Aid in the Treatment of Fevers.

Editor MEDICAL WORLD:—That the physiological way of keeping the body cool is not more closely imitated in the treatment of fevers, I have often thought strange; and the more so as it can be followed so readily and is easily controlled, and, besides, can be used in conjunction with internal medication.

Living in a climate where at times in summer it is as torrid as 129° F. in the shade (this with an official thermometer), where everything is hot to the touch, and the air we breathe like that from an oven, a place where ice is unknown, we still have quite palatable water to drink, and cool, too (78° to 80° F.), when we take into consideration its surroundings. How do we keep it so cool? Exactly as the temperature of any healthy body remains normal under like circumstances.

Our drinking water is cooled in large earthen ewers. These are slightly porous, so some of the water can pass through, and thus keep wet the cloths that surround them. It is the constant evaporation of this water from these cloths that causes the cooling, just as certainly as fire causes heat. Now, we have found if we want nice, cool water on hot days, we must not only fill these vessels and keep the cloths wet, but also place them where there is a free circulation of air.

On sultry days, when the atmosphere is charged with moisture, we are especially uncomfortable, for then the evaporation from the skin does not take place readily, and we not only feel warmer, but the skin (in which the nerve ends sensitive to temperature are situated) is really warmer than on much hotter dry days. During such weather the water from the cloths around our ewers does not evaporate freely, and the drinking water is warm and unpalatable. I have repeated in the above description, for it has a direct bearing on what follows.

We all have noticed the great relief to

Digitized by Google

a fever patient with a dry, hot skin, a frequent sponge bath is; in fact, often this is all that is necessary to keep the temperature down. But sometimes it is not sufficient. Why? Because, as the water from the sponge bath evaporates, a zone surrounding the patient becomes charged with moisture, so evaporation cannot take place, or only so slowly as to do little good. The water then only cools while it is being heated to the body's temperature, and the patient is in the same condition as a person on a sultry day; but this can be easily remedied by keeping *dry air* next to his body. This may be accomplished by means of a fan or in any other convenient way. Not only the face, as is often done now, but the whole body, should be thus sponged and fanned when an active antipyretic is wanted; by repeating the process the body can be kept at the temperature desired much more certainly and safely than with any antipyretic I know of. If advisable, the dry air forced next to the body may be first heated.

Of course this procedure should not be continued until the temperature falls too much, for the body, with suitable apparatus, could be cooled far below the normal by this means. The right use of the thermometer and the general condition of the patient must be our guides.

The other day I had a good example of what follows when free evaporation cannot take place from the skin. A patient whose temperature the previous evening had been 102°, when visited in the morning was 105°; the only cause I could attribute this rise to was the dampness of the room in which he lay, water having been spilt over the floor an hour before, and the air was so filled with moisture that the free evaporation from the skin could not take place. In a very short time after this was remedied the temperature fell to 101° without any other cause.

Another circumstance I have noticed is, that in this climate where the air is so dry, the sponging of the body is far more effective in reducing fever temperatures than in the East where there always is so much more moisture in the atmosphere.

We all have noticed that breezes, even when hotter than the body, cool us when we are perspiring. In this place we have had very good examples of this when the air from the desert, 130° F. and upwards, came down upon us, as it often did last summer. At such times we drink very large quantities of water, and were we not aware of the invisible perspiration and evaporation, might wonder what became of it all.

My deductions from the above are:

Always use the simplest means that will accomplish the end desired.

When the temperature is high, have the whole body of the patient sponged, and then fanned while the water is evaporating. Do not allow a zone of damp air to remain around the patient. For sponging, tepid water is more pleasant than cold, and equally effective. Alcohol in the water is often useful, for it evaporates more quickly than the water alone.

But the point that must be observed, if this method is to be used with success, is to have the conditions so that free evaporation will take place.

HUBERT W. DUDLEY, M. D.

Parker, Yuma Co., Arizona.

[I have been surprised to see water kept at quite a palatably cool temperature in the above-described manner in the "blazing" heat of the Desert of Sahara.—Ed.]

Central Paralysis.

Editor MEDICAL WORLD:—A few months ago I was called on to treat a most interesting case which I desire to report to the WORLD readers. While it is nothing new, we had the pleasure of partially verifying the diagnosis, which invariably makes a case interesting.

October 29, 1896, E. R., female, aged 58, called at my office for treatment. Oral and physical examinations revealed the following: Slight headache, vertigo, nausea, insomnia, loss of appetite, an inability to do her household duties, on account of extreme weakness; pulse 100 per minute, irregular; tongue coated, white, broad and flabby; temperature and respiration normal; bowels constipated, but had been moving too freely a few days before. The urine was not analyzed. I prescribed:

R. Spartein sulph. ¼ gr. tablets, No. xxx.
Sig. Take one tablet every three hours when awake.

Digitized by Google

R. Fl. ex. cascara sagrada, } oz. ss.
Syr. simp. aa. }

M. Take one teaspoonful every night at bed-time.

Patient was advised to drink two or three glasses of soda water daily and forbidden doing any work. Did not see nor hear from her again until sent for November 3. Arriving at her residence at 9 a. m., found her about the same as when at office, except bowels were moving daily and tongue coated brown. November 4, 9.30 a. m.—Pulse 80, strong and regular; other symptoms about the same as on the third; same treatment continued.

November 5, 9.15 a. m.—Symptoms same as day before, plus vomiting. Attendant stated patient had a wheezing attack during the night, lasting only a short time. I prescribed trs. nux vomica and ipecac, in small, frequently-repeated doses, and continued the spartein.

November 6, 10 a. m.—Pulse 100, temperature 100, respiration normal; nausea; vomiting mucous, tinged with blood; pallor, choreiform twitching of muscles of the left arm; had another attack of dyspnea during the night; sleeps very little. I prescribed:

R. Specific gelsemium, gtts. xxx.
Specific nux. vom., gtts. x.
Aquae, oz iv.

M. Sig. Take one teaspoonful every hour when awake.

Continued the spartein.

November 7, 9.30 a. m.—Pulse 90, strong and regular; temperature and respiration normal; walk is shuffling; does not raise feet off the floor; nausea; vomiting about once every hour; slept all night, except when vomiting; has a slight asthmatic attack; twitching extended over body. Thinking the nux vomica might have aggravated the twitching, it was discontinued and the gelsemium and spartein continued.

November 8, 9.45 a. m.—Pulse 100; temperature and respiration normal; nausea and vomiting persist; twitching increased; eyes have a glassy, vacant look; partial loss of cutaneous sensibility; complains of being thirsty; water being rejected when drank, milk was recommended in its stead. Same treatment was continued; also prescribed chloroform water, one teaspoonful to be taken after each vomiting attack.

November 9, 10 a. m.—Pulse 80, irregular; respiration irregular, 16 to 24 per minute; loss of cutaneous sensibility more marked; mental prostration; slight aphasia and difficult deglutition; drowsy; twitching all over body and limbs, more on left side than right; delirium; sudden starts; temporary loss of consciousness; vacant stare; delusions; nausea. Same treatment continued, except two-drop doses of gelsemium were given, instead of one, as suggested by Dr. George Bley, Jr., who was called in consultation.

November 10, 9.45 a. m.—Pulse and respiration same as on the 9th; partial paralysis of left side of face, left arm and leg; mouth drawn to right; slowness of speech; protrudes tongue with difficulty, a few moments after being requested to do so; last letter or syllable of words are left off; urine acid; specific gravity 1.011; traces of sugar; no albumen. Same treatment continued.

November 11, 10 a. m.—Pulse 64 and weak; respiration 24; less twitching; paralysis more noticeable; temperature was not taken. Three o'clock p. m., pulse 60 and extremely weak; fingers on left hand, paralyzed side, are closed; right hand is cyanotic; pupils dilated; do not respond to light; semi-paralysis of body and right limbs.

November 12, 10 a. m.—Pulse 60; temperature normal; respiration 24 and stertorous; no twitching; hemiplegia on left side complete; tongue completely paralyzed; coma is setting in. Death occurred at 12.15 noon, on fifteenth day of illness. Autopsy at 5 p. m. revealed a reddish soft condition of the pons varolii, a small blood clot in right corporum striatum and a small soft spot about the center of the under surface of the right digastric lobe of the cerebellum.

Present at autopsy, Drs. George Bley, Jr., A. R. Lyles and myself. This is my first attempt at writing up a case for a medical journal. If it suits the editor and the WORLD readers I will report another case in the near future.

C. C. PATCHEN, M. D.
Beardstown, Ill.

[Very well reported. "Come again."—Ed.]

Digitized by Google

Placenta Previa.

Editor MEDICAL WORLD:—I avoid rushing into print with every case of real or imaginary importance; in fact, I have never written a line to a medical journal before; but I desire to record briefly a recent case of midwifery which I believe will be of considerable interest to your readers, not only on account of its rather complex features, but also because of its unusual occurrence, happening once in over 800 labors, according to the most reliable authorities.

On the morning of January 9th I was called to Emma G., colored, about five miles out of town. Upon my arrival the two midwives in attendance informed me that the patient, a multipara, had been painful and "flaming" for several days, and that during the night she had lost "quantities of blood," that "her waters had just broke," and that "she had no pains since."

Her pulse was weak and thready, and she was indifferent to her surroundings, but wholly conscious.

I made a vaginal examination and came first upon the placenta, of which I was positive by its rough, spongy, granular texture. It was located just above margin of inner cervical ring on left side. My suspicion of placenta previa was then confirmed. The os was fairly well dilated. Pursuing my examination further I found a transverse presentation of child, dorso-posterior, with head in right iliac fossa. I considered it folly to wait on nature, so I placed her crosswise, on back with nates drawn to edge of bed, emptied her bladder with gum-elastic catheter, chloroformed her to complete anesthesia, and proceeded to turn. I introduced left hand into the vagina, and into the uterus, and with great difficulty succeeded in bringing down the feet. After the expulsion of the trunk by manual manipulation, the forceps were used very effectively to the after-coming head, which was very large. Placenta was easily detached and taken away. I then gave ergot as a precaution against hemorrhage, stimulants, etc., and authorized warm carbolized injections. The case progressed favorably until the fourth day, when very severe headache and fever developed. The thermometer registered 103° in axilla. These were controlled in forty-eight hours by quinine and acetanilid. There were no other untoward symptoms, and she is now up and doing well.

T. H. DREHER, M.D.

St. Matthews, S. C.

Placenta Previa.--Ether in Obstetrics.

Editor MEDICAL WORLD:—February 22, 1897, I was called hurriedly about 1 a. m., to Mrs. P., whom I found flooding terribly. Upon examination, I found placenta previa. I tamponed the vagina, and sent for Dr. Young. Upon his arrival he made an examination, and we decided to tear a hole through the placenta, and then by pressure on the fundus, cause the child's head to plug the os, and if need be, use the forceps and deliver at once.

Dr. Young proceeded to administer ether, and I easily tore a hole through the placenta, and the water was soon evacuated. The child's head (a seven months' fetus), was pressed down, and the hemorrhage was soon stopped, but contractions ceased, and in spite of pressure on the fundus, the hemorrhage began to be quite profuse again.

Then we decided to administer ether and apply the forceps. The doctor began to administer the ether, and I prepared to use my forceps, which I had previously sterilized; but I soon found that under the stimulus of the ether, the contractions were increasing in strength and frequency. The hemorrhage had ceased, as the head was already well down through the os. The child was soon born naturally, but apparently lifeless. I tied and cut the cord, while Dr. Young performed artificial respiration. We also put the child in a warm bath, and dashed cold water on its chest, and in about five minutes we were rewarded with a faint cry. The doctor still continued his efforts at artificial respiration for about twenty minutes, when the child began to breathe regularly, and has lived.

I did not hurry the delivery of the placenta. In about thirty minutes pains came on, and the placenta was delivered easily, after Crede's method. We floated it out in water, and found the hole I had made. It was nearly in the centre.

There was no further hemorrhage of

Digitized by Google

any account. The pulse suddenly became very weak, and she complained that she could not see well. I asked for a pint of warm water with a teaspoonful of salt in it. This we injected in the rectum, which seemed to stimulate her very much, and she has made an excellent recovery.

The child weighed 4½ pounds at seven months, and at this writing, two weeks, is growing and in every way doing well.

Now, Mr. Editor, what do you say about our plans and proceedings?

About ether in obstetrics, I always use it when it seems at all necessary. I never use chloroform; I am afraid of it. It has killed too many. I have never had any cause for alarm with sulphuric ether. I have frequently found the pains to become strong and expulsive under ether. J. C. CAMPBELL, M. D.

Albany, Vt.

[Any plan that succeeds in placenta previa is a good plan.—Ed.]

Slander and Malpractice.

Editor MEDICAL WORLD:—Dr. Leffman, in the March WORLD, page 126, says: "To accuse a physician of general professional ignorance or malpractice is actionable *per se*, but to state that in a special case he was at fault is not slanderous, unless special damage is proved." In the celebrated case of Dr. Cruikshank *vs.* Gordon, tried a few years since in New York City, the defendant's attorney insisted that the plaintiff must bring his books into court, and adduce other evidence in proof of damages. But the trial judge held that the plaintiff was not bound to prove the amount of damage he had sustained at the hands (or mouth) of Gordon; and at the same time stated that to require the plaintiff to produce such proof would be, for obvious reasons, to require him to do the impossible. The jury awarded Doctor Cruikshank $1,500 damages, and the judgment was affirmed by the highest court in New York.

Another erroneous idea that crops out here and there in the writings of physicians is, that the patient or his relatives may relieve the physician of responsibility in the treatment of a case. Some years ago, in 1869, I think it was, Dr. Beckwith, of Cleveland, Ohio, was called to attend a man whose leg was so badly crushed as to require amputation. The doctor, on his arrival, recognized this fact, and at once declared his purpose to operate. But the patient refused to submit to amputation; he told the doctor to go ahead with the treatment of the injured limb and save it if possible; and at the same time assured the doctor that he (the patient) would be responsible for the outcome. After a few days, during which Dr. Beckwith was in almost constant attendance, the patient died. A damage suit followed, and Dr. Beckwith was mulcted in the sum of $4,500. In this case it appeared that the patient's death resulted from the doctor's failure to amputate; and the court held that he was legally bound to do his duty, even in the face of remonstrance, or to withdraw, at once, from the case.

Too many physicians are sorely distressed when a patient happens to pass from their care to that of another; but, in my experience, covering a quarter of a century, it has as often proven a godsend to the doctor as otherwise.

Portage, Wis. A. C. KELLOGG.

Alcoholism—Tetanus.

Editor MEDICAL WORLD:—I wish you and the many readers of THE MEDICAL WORLD would give me help in the following case: F. F. C., a carpenter, aged 50, a dipsomaniac, has drank more or less all his life—more when a young man—sometimes remains sober six or eight months; has been afflicted with rheumatism for a number of years. After he has been on a spree for a day or two he is attacked with cramps or pains. They may appear in any part of the body; in a toe one minute, in the head, chest, or privates the next; paroxysm comes on gradually; after a moment or two it reaches the climax, in which the body becomes rigid, face livid, eyes seem starting from their sockets; after a few moments he sinks back exhausted, and will lie for a few minutes and beg to be relieved or killed; only to be disturbed by another paroxysm of pain. During the paroxysm he has to be held to prevent hurting himself. After four or six hours he gradually gets easier, and for a few days looks like he had had a hard spell of sickness. He says he knows he

Digitized by Google

suffers all the torments of the damned during this time, but denies that whiskey has anything to do with it. Yet he never has one of these attacks except when drinking. I have given chloroform, morphine by the mouth and hypodermically in ⅓ and ½ gr. doses, and many other things; but opium is the only thing that seems to help him. I treated him awhile for alcoholism, but did not get his full co-operation, consequently did very little for him.

I would like to know if any of the WORLD readers have had any experience with antitoxin in tetanus. I recently lost a case of tetanus following gunshot wound of right thigh and scrotum. Right testicle was shot away. I did not use antitoxin. I have great confidence in diphtheria antitoxin, but have never seen any literature on tetanus antitoxin except the manufacturer's, which, I am sorry to say, must frequently be taken *cum grano salis.*

W. W. SHAFER, M. D.

Ferguson, Mo.

[Alcohol is evidently the cause of those "spells." Tell the patient that there is no cure for them except by stopping the use of alcohol absolutely and forever. The value of tetanus antitoxin is not yet well established. We know nothing detrimental to it, but sufficient affirmative evidence has not yet been accumulated to establish it.—Ed.]

Foreign Body in an Eye Two Years.—Its Removal.

Editor MEDICAL WORLD:—On January 10, 1895, C. M., aet. 35 years, architectural iron worker, while running a punch press was struck with a piece of steel in the right eye, penetrating, as he supposed, the upper lid just beneath the upper edge of the orbit. There is no doubt but that he was struck in that region, for the cicatrix clearly indicates that such was the case; but as to the entrance of the steel at that particular point, there is some room for doubt, as might be inferred from the subsequent history of the case.

He had very little reaction the first five days, but subsequently had considerable pain, which was fairly well controlled by the use of hot applications. There was considerable inflammation, photophobia was well marked, and the tension was reduced to—1. Vision was lowered from the first, and grew gradually worse till the 17th of March, when he discovered that he was totally blind in the affected eye. The inflammation subsided, the eye became quiet and remained so up till December 7, 1896, when first seen by the writer. Upon examination I discovered a foreign body penetrating the cornea near the inner corneo-scleral margin, which presented the appearance of a cilia, and was so diagnosed by an oculist, who examined it by reflected light. But appearances, sometimes deceiving, proved to be so in this case, for upon touching the foreign body with a spud, it became at once clearly manifest. The substance was of a decidedly metallic nature.

When first seen the patient had a well marked conjunctivitis and a good deal of pain and lachrymation. There was also a traumatic cataract and posterior synechiæ, but no haziness of the cornea.

An operation for removal of the foreign substance was advised at once, but for some reason the patient put it off from time to time till February 4, 1897, when he appeared at my office for the purpose of having it removed. The following day the operation was performed under cocaine anesthesia. I first made an incision about five millimeters deep with a Beer's knife alongside of the foreign body; then, with a pair of forceps, I was enabled, using considerable force, to extract the foreign substance, which proved to be a piece of steel, as had been previously diagnosed. It was about the size of the body of a pin, and was from five to six millimeters in length.

The eye was then thoroughly washed out with a solution of boric acid and dressed with a triangular adhesive bandage. The patient had slight pain and some headache the first twenty-four hours, but since then has experienced no uneasiness at all. The inflammation subsided, the conjunctivitis rapidly improved, and the patient resumed his usual occupation on the third day after the operation.

Now, the question is, might not this piece of steel have entered the globe at this point, and the fact never ascertained? Might not the piece that struck

Digitized by Google

the upper lid have glanced off and did not enter the eye at all?

This case is of interest from the fact that the man never had even sympathetic irritation in the fellow eye. It goes to prove how tolerant the eye is to all kinds of injuries, and reminds us of the fact that we cannot be too conservative in our treatment of cases of this kind.

A wound or foreign body in the ciliary region is, perhaps, the most unfavorable injury with which an eye may be affected except suppuration of the whole cornea or detachment of the retina. This was in the ciliary region—the danger line—and yet the fellow eye in this case escaped uninjured.

S. L. McCREIGHT, M. D.
103 E. Adams st., Chicago, Ill.

Safe Anesthesia.

Editor MEDICAL WORLD:—

Chloroform, one pound.
Amyl nitrite, one measured dram. Mix.

This combination has for many years been in use in this part of Indiana, but the fear of chloroform by the profession and the public has prevented its general adoption. Now that a simple and safe antidote is found, I am more anxious that the method should be better known. In giving the mixture the usual precautions must be observed. A moderate opiate should be given about one hour before the anesthetic. The patient must be undressed, placed in the horizontal position, and the mixture given drop by drop until the desired effect is secured. If after that anything goes wrong with the heart or lungs, the remedy is to introduce a rectal dilator and apply force as needed. The effect is immediate and may be prolonged indefinitely. It seems to act like labor pains. As the antidote is mechanical it is safe in any case.

If a more extended trial of this method should confirm what is claimed for it in this article, no other form of anesthesia would be needed.

Goshen, Ind. M. M. LATTA.

[The above is a model of brief, clear and directed expression. A good discipline would be to read this article before beginning to write an article for THE WORLD. Accompanying the article, the Doctor says in a private letter: "This plan for using chloroform has been in use here for more than thirty years by good men, and so far as I know, without accident. At first it was used only in cases of weak heart with purple lips and muddy complexion; but later on for everything. The andidote is the outgrowth of orificial surgery. I fully believe in it." If this plan is as valuable as it seems, it should not be confined to Northern Indiana.—Ed.]

Cocaine for Tetanus.

Editor MEDICAL WORLD:—In your summary on treatment by the various antitoxins, I notice that in case of tetanus the results are negative. I wish to give an experience by one of my neighboring physicians in regard to that disease. A Mexican boy, about 12 years old, had an undoubted case of tetanus, and as the doctor was at a loss to know what to do in the present light on that disease, concluded to give cocaine. He wrote his prescription for the usual sized dose, but the druggist mistook his hieroglyphics and gave ten times the amount prescribed. This was not known till after the medicine had been given, but the result was so pronounced for good, in fact, a complete recovery ensued, so the druggist was not censured. The same M. D. tried the same in another case with the same result. I have not had an opportunity to try it personally, but felt that should there be any good in it the profession was entitled to its benefits. An investigation may prove it to be a benefit in such cases. I feel that we are warranted in giving it a trial.

Sabinal, Tex. A. R. BOWMAN, M. D.

[This is the true professional spirit. We owe so much to the profession that we should embrace every opportunity to pay our debt by spreading new ideas.—Ed.]

Means of Preventing Conception.

Editor MEDICAL WORLD:—According to my view, the main problem in the discussion on this subject ought not to be so much an inquiry into or a criticism of the various attitudes which may be taken with reference to the desirability of prevention of conception, but rathe the recommendation to the medical profession of the best preventive measure

Digitized by Google

when there exists an imperative necessity for such in practice. I take it for granted that every scientific practitioner of medicine considers it his duty to advise prevention of conception whenever the state of a woman's health requires the avoidance of motherhood, or when there is great danger of transmitting diseases to offspring that would either doom the latter to a short life or one of perpetual physical misery, as, for instance, in the case of pulmonary phthisis and other grave hereditary diseases.

Your previous contributors have each spoken in favor of some method of prevention, but the one I consider for many reasons the best of all has not been mentioned. It is unquestionably the rubber pessary, known as the "womb veil," in combination with an ointment of 80 grs. of muriate of quinine to an ounce of vaseline as a chemical destroyer of the vitality of the spermatozoa, and the use of an irrigation before removing the pessary. Any preventive will fail if not applied properly. So the physician ought to give full instruction to the patient. The mode of use of the womb veil is as follows:

The inner as well as the outer surface of the pessary is smeared well with the ointment mentioned. For introduction, the woman is to sit down, so to say, on her heels, with her legs spread apart, which will bring the womb down as low as possible. Then taking the womb veil into the right hand with the cavity looking upward and compressed from side to side, giving it thus the shape of an ellipse, she has to push it up the vagina as far as it will go. It will then spread out of its own accord and apply itself closely and firmly to the neck of the womb. To remove it, tell the patient to hook the index or middle finger at any point into the rim of the pessary and pull it down slowly. Let an irrigation of warm water, best with a teaspoonful of carbolic acid to the quart of water, be used, injecting part of the liquid before and part of it after removing the womb veil.

The advantages of this preventive over all others I know of, are many. If applied as here directed it is almost absolutely reliable. It can be left in place till getting up in the morning, thus doing away with the injurious and inconvenient irrigation while there is active congestion, as well as a great nervous excitement, of the whole sexual apparatus. It is furthermore non-injurious by not interfering in the least with the full and natural gratification, as the womb is a reproductive organ and little if at all concerned in the sexual pleasure. Again, and last, but not least, it satisfies also the esthetic instinct, and does not interrupt the poetic frame of mind naturally connected with the moment, as the womb veil allows of its application long before and of its removal long after actual coition.

The best pessarys procurable are made in England; there are several kinds, differing chiefly in the material of which the rim is made. The German pessary is more "baggy," but seems to give quite good satisfaction. The American is the poorest made, for our laws on the subject of prevention encourage the manufacture and sale of inferior goods, competition being practically destroyed. In England, however, where such goods are openly advertised and sold, competition tends to secure the survival of the fittest, and hence it is better to import them from that country. I would say that I do not think it advisable to have a string attached to the pessary, as there is the liability of displacement during intercourse.

For the interest of poorer patients who cannot well afford to spend several dollars for a good pessary, I would say: My attention has recently been called to a very cheap and I am confident an effective pessary. Take a common toy rubber ball about 2 inches in diameter; part it at the middle and smooth the edges off nicely with sand paper. Care should be taken to part it at the joints, so as to leave no ridges across the inside. It should be partially rolled up and the pointed end introduced first, then pushed up and opened so as to cap over the womb. When this is carefully done a woman is impregnable, no matter what happens.

DR. OSCAR ROTTER.
New York, N. Y.

EDITOR MEDICAL WORLD:—It would seem more proper for those who are trying to devise some device for the prevention of conception, if they would turn their

Digitized by Google

attention to devise some method of stopping the ravages of those methods already in existence. It would appear that those writers who are advocating some method whereby the laws of physiology may be transgressed without its penalty, have mistaken their calling. If they will study the laws of physiology, they will soon learn that any and all foreign substances become a source of irritation to those delicate tissues. Twenty-five years of close application in the field of gyneology has given me many startling facts, where the people have attempted to carry out some idea of harmless prevention.

In my own practice there is not a day passes but that those who are able and well-to-do make application for a remedy to prevent or regulate their offspring, and wish to know what in my judgment is the best remedy. To all such I have one answer only. It is astonishing to listen to the large list of methods which have been devised and are being promulgated among the people, some of which will make one think, what next can be possibly thought of for a preventative device? In the number of methods that have been mentioned in THE WORLD, none of them are new, and all of them have their respective objections. Nearly two-thirds of the ills of men and women are from causes arising either directly or indirectly from attempting erroneous ideas of preventing conception. I have seen, and no doubt you, incurable ulceration caused from destructive drugs used for the purpose.

Then about one-half of the time the method fails; the pretended protection either is not in proper place or the drugs have not sufficient strength. It would be far better to make a huge bonfire, and sacrifice all of the devices and also the drugs. Then if we would live up to nature's physiological rules, we would see very little of the ills of the present day. I. N. BARKER, A. M., M. D.

Mansfield, O.

[See January WORLD for the Editor's views on the indications for, and the ethics of, this proceedure.]

More from a "Doctor's Wife."

Editor MEDICAL WORLD:—I wish to say something more in woman's defense, even at the risk of having that old-time adage thrown at me, that "a woman always wants the last word." Woman's motives for the prevention of conception have been so shamefully misrepresented by some writers that it is a wonder she has kept quiet so long. Our opponents are not giving us justice; for we tried to make it plain that some children were desirable, and that a home is incomplete without them. They picture childless homes asthough we were advocating such.

A number of writers try to make the impression that the only reason why a woman is desirous of preventing conception is because she does not want the trouble of children, and because she loves society better. I am willing to acknowledge that there are some such types, but I believe that they form only a small per cent. of the women who, under certain conditions, think it best to prevent conception. Is it so strange that a woman should not want to keep on and on encountering the perils incident to maternity after she has all the children she wants, or that her husband canreasonably provide for? Is it nothing that she should shrink from enduring the worst pain common to the lot of mortals after she thinks she has borne it long enough? Christ, our great example, shrank from the sufferings of the cross, thus showing the human side of His nature, and prayed, if it were possible that this cup might pass from Him. It could not have been because He feared the dissolution of soul and body, for after His cold reception here, His spirit must have longed to take its flight to the Father, and to the land of light, warmth and love, where He would be the chief attraction. His reward was the redeemed of earth, yet the human side of His nature shrank from the suffering. Then, why count it a thing so strange that a woman should shrink from suffering so much when she can avoid it?

I think physicians are doing right to come out squarely against criminal abortion. I believe when a woman becomes pregnant she should not only be willing to go to her full time, but should do it cheerfully, for the sake of her unborn child. But I think there can be a distinct line drawn between willful abortion and prevention.

Whoever knew a woman who thought

Digitized by Google

she was an angel? The most of them by the time they pass through the crucible of childbearing a few times, realize that they are mortal, even more so, if possible, than does even Dr. Waugh. Let me say, however, to her credit, that I believe a very great number are striving to reach that seraphic state hereafter. But how can she hope to obtain it if she goes wholesale into divorcing, which Dr. Waugh advises.

Yes, civilization has done much for woman, and is destined to do much more. Man has nothing whereof to boast that she has been so long in reaching this state. Woman has never been inferior to man save in physical strength, and that fact should have appealed to the heart of man ages and ages ago.

Dr. Waugh, as he mentioned the different grades in the progress of civilization, seems to assume that all our population has reached the last named, whereas the great bulk of our people have only reached the stage where the husband performs the out-door labor, and the wife the household duties, often including also the duties of seamstress, cook, washwoman and nurse. This will always be the case, too, as long as our President, other high officials, millionaires and capitalists are bound together by a golden band, locked and secured by a golden key, which key the masses have not. The silver key of the common people, though of handsome design and imposing appearance, has proven itself unable to unlock the band. Therefore, as all women are not the wives of those within the circle, we must consider the condition of those outside.

I want to say a few words from the text: "Multiply and replenish the earth." This is the defense behind which so many men are hiding and excusing themselves for what would otherwise seem heartless and unreasonable. Had no other command been given whereby man might gain entrance into the celestial city, he would have marched in in almost one solid phalanx. True, some have failed, but most of them have done what they could, which would have been all that was required. Unfortunately for them, there are other things required. Does not the same book say also: "Be merciful?" I know a man whose very delicate wife went through one confinement and abortion after another until she was confined to her bed a great deal of her time, and once after an abortion she became pregnant again before she was able to leave her bed. Was this man merciful? The same book says: "Be temperate in all things." I know a man whose wife has passed through fifteen confinements. Almost all of her children were abnormally presented, and but few of them lived to see the light of day. Was this man temperate? The same book says: "Do as you would be done by." Would you, O man, if it were possible, bring such trouble and suffering on yourself fifteen times? Or ten times? Or even five times? It has also been asked: "Is it nothing that the longing for offspring in man should be disregarded?" Physicians of America, how many wives do you know who have refused to gratify this longing to a reasonable extent? If in the homes of this land, when the wife and mother reaches a point when she feels the burden of childbearing is resting too heavily upon her, she should suggest as much to her husband. If, instead of telling her that that was what he got her for, and that she owed him that for shelter and support, if, instead of such an answer, he would say: "Yes, dear wife, I have not been an unmoved spectator of your trials and sufferings, and am quite willing to do as you say. You shall have my hearty co-operation. You shall not become the helpless victim of my passion, just because you loved me well enough to leave your own dear family to follow my fortunes. You have left all for me, and in me you shall find a sympathizing friend and not a despotic tyrant." I believe if more husbands would give such a considerate answer as this the star of hope would once more arise in many homes where it has almost set. Without the hearty approval of the husband, such a course cannot be pleasant. Loving, true wives are willing to endure almost anything to keep peace at home and the fire of love continually glowing. It is only the cause of such wives that I am pleading. I have in my mind a case which occurred quite recently in our neighborhood. The family are very poor and already had a family

Digitized by Google

consisting of ten children. The father, being very domineering in his family, the children relied chiefly upon the mother for sympathy and affection. That mother sleeps in a new-made grave, her death the result of an abortion. A lady told me that she said to her one day that she had begged her husband to stop it; that it looked like they had enough children considering their circumstances.

It was enough to bring tears to the eyes of the stoutest heart to see the orphans, as they gathered around the bier, and to hear their piteous cries for "mother" as they gazed for the last time on her cold and lifeless form, as she lay there the helpless victim of her husband's lust.

I hope that all men will not take exceptions to my remarks. There are many, many noble men in our land to whom they in no way apply, and who are willing to always give to woman her just dues, and are ever ready to rise in her defense. I am willing for this article to be criticised, if done in an argumentative manner. I am seeking the truth, and more light on the subject. But please do not make too loud a noise unless your toes are trod upon.

I am also aware that this article will not meet with the approval of all of my own sex. In listening to some women's opinions on this subject, I have more than once been reminded of the old plantation darkey, when one of his comrades was being flogged. He said, hoping thereby to gain favor with the master: "That's right, massa, lay it on; he is nothing but a nigger, no how."

In conclusion, I would say to all who seem to be so uneasy on this subject, go to the orphan asylums of the country and try to be satisfied with the number of children that are born; go and see the little homeless waifs of the streets in their wretchedness and misery, and console yourselves with the thought that there are no more of them.

I do not feel concerned or responsible for the unborn, but oh, the vast concern we should all feel for those who are born.

I feel justified in saying that should our country ever reach the point when reason, instead of blind passion, governs the number of our offspring, we shall have reached a state of civilization which will be a blessing to mankind—and need I say to womankind?—and which, I believe, will have the smiles of an approving God resting upon it.

Tenn. A DOCTOR'S WIFE.

[Earnest, vigorous expressions from good and sincere women help to make our standards. A rather lengthy argument on the danger of over-population in this country, and referring to the starving multitudes in India at present, was omitted from the above article. It is estimated that with proper co-operation and economy in production, and absolutely just distribution, the State of New York would easily contain and sustain the present population of the United States. When we were sending shiploads of provisions to starving Ireland, some years ago, Ireland was shipping provisions to England. The English lords who owned the land claimed the produce, while we helped to feed the starving ones who tilled the soil. Even now, in India, the propor distribution of the food produced in India is quite as great a problem as getting more food into the country. We have had hungry people in this country in the last few years, yet the productiveness of the country and the industry of the people were not at fault. Just and equitable economic conditions would put our demoralized producing forces in motion, and there would be plenty and happiness for all.—Ed.]

The Marriage Question.

Editor MEDICAL WORLD:—By way of introduction to the distinguished clientele of THE MEDICAL WORLD, I would say that I am a physician's daughter, a physician's sister, and I expect not only to one day be a physician's wife, but to become a physician myself at no distant date. At present I only read THE MEDICAL WORLD from the view-point of an all-'round newspaper woman, or woman journalist, and student of medical literature. Dr. Waugh's reply to "A Doctor's Wife" has put me to thinking, and I cannot but wonder if his idea of marriage is representative of his sex as a whole. If it is, I think all self-respecting women should hesitate before entering that holy (?) estate. Down in every woman's nature is an inherent desire to be loved for her own personal worth, and

Digitized by Google

not simply for the selfish purpose of perpetuating the human race. She wants to know that *she* counts for something in the life of the man for whom she "leaves all others." Most women in a normal condition want to know that sometime they will have children of their own, not merely to prove to the world their ability to reproduce, but because motherhood is a natural instinct with them. But the average woman wants to be sure that the man of her choice will love her *as a part of himself;* and would as soon think of giving up his own life as to think of putting her away because of her inability to bear him children; that he would be happier with *her* in a childless home, than with some other woman and a house full of children. She wants to know that her own intrinsic worth appeals stronger to him than does the thought of perpetuating his name. Knowing all this, she is willing to go through anything for his sake. Without this knowledge she would naturally feel that she had gotten the worst half of the bargain. She is a happier wife and a better mother for knowing that it is not necessary for her to bear children to make her husband love and revere her.

Naturally, a woman is more willing to endure pain, and to bear tiresome and heavy responsibilities for the sake of a man whom she knows loves her unselfishly, than for the sort of biped Dr. Waugh would have us believe the average man to be. If, as a rule, instead of an exception, man had the proper conception of woman, wifehood would today be an honorable estate, and maternity no longer the principal constituent, but the mere adjunct of happy married life, as the Creator first intended. Man has not far passed the limits of barbarianism when he marries for the sole purpose of having a family.

I agree with the Doctor that a woman who knows her inability to bear children would be several sorts of a fool to marry *such* a man. The question is if *any* woman can be sure of happiness with such a one, for there is always a possibility that even a healthy woman might in that particular prove a disappointment to her husband.

If a woman should marry a man who is physically unfit to procreate healthy offsprings, would she rush to the divorce courts to remedy her mistake, that she might marry a man who could? I rather think that would be a sorry and disgusting spectacle, and yet where's the difference! Let's have a "single standard."

Just here did it ever occur to Dr. Waugh that nine-tenths of the society women who come to him for knowledge on the question of prevention of conception are the wives of men who through lives of prior licentiousness are unfitted to procreate other than syphilitic offspring? that their husbands are just too cowardly to themselves seek the desired information, and the women care less what opinion the physician forms of their motive than they do to conceal the real facts of the case? The devil doesn't always get his dues. Neither do women, for the average man is prone to judge all alike as being capable of no unselfish act. He measures them by his own standard.

There is only one way to remedy the existing state of affairs as I see it. Let the law require every man and woman contemplating marriage to obtain first a certificate of health from a reputable physician. If the woman fail, and the man wants to call the deal off, why she is most fortunate in having escaped being the wife of a brute and a barbarian; and the man will be saved the expense of divorcing her later on, or, as is a more frequent thing rearing a family of diseased children.

This course must appeal to the stirpiculturists, for it would most effectually put an end to the procreating of consumptives, inebriates, criminals and a syphilitic race.

Suppose a woman, realizing her unfitness to become a mother, has the courage to eschew matrimony, and strike out for herself (for she must support herself or subsist on charity), one Dr. Parkhurst, and men of his ilk, assert that "those women who are inclined to shirk wifehood, motherhood and domestic limitations are morally or intellectually wrong, or ambitious for conspicuity," etc. "They are usurping man's place," and all that sort of thing. Thus we are arranged "twixt the devil and the deep blue sea."

"A Doctor's Wife" puts the matter

Digitized by Google

plainly and impartially. She evidently occupies an unbiased position. I heartly endorse her in her plea for weak, misguided femininity, who, having become the wives of brutes, have not the courage to cut themselves adrift therefrom. I also agree with Dr. Waugh that a *healthy* man has a perfect right to expect to walk the floor nights with the colicky "pledge of his dear one's love"—always provided that "dear one" be in a normal state of health, and be, furthermore, willing to make her part of the "pledge." She has an equal right to a voice in the matter, when you consider the fact that she has to do the breeding, bearing and training of same "pledge."

It is unfortunate that all women cannot go into marriage fully cognizant of all the truest meaning of that relation, its exactions and responsibilities; with an entire knowledge of their own physical conditions, and the moral character and habits of the men to whom they entrust their future welfare. Hardly one-tenth of them look at this side of the question; they consider it indelicate, and detrimental to their purity and womanliness, and in the innocence of ignorance go into a relation for which they are unfit, possibly with a man who is yet reaping the harvest of some early folly, and swell the monstrous tide of diseased and vicious humanity.

With an earnest plea for wider knowledge, and, if need be, legislative reform on these questions, I am

A DOCTOR'S DAUGHTER, AND AN EMBYRO M. D.

[The writer is not consistent in proposing a law requiring every man and woman contemplating marriage to first obtain a certificate of health, and then supposing that, if the woman fail, the man can "call the deal off." A law that could be thus "called off" would be no law at all. The idea of such a law is beautifully and powerfully set forth in a book that I have just finished: "Man or Dollar, Which?" Published by Charles H. Kerr & Co., 56 Fifth Avenue, Chicago; price 25 cents. It is both a medical and an economic work, intensely interesting and very progressive. I strongly recommend it to all medical, as well as non-medical, readers.*

To "A Doctor's Daughter" I would say: As a rule, I think that men love their wives and children, and give their best endeavors and deepest thoughts to their families. Even some of the meanest men I have ever known have been unselfishly devoted to their families. One of the greatest disturbers of domestic peace is poverty, much of which could be prevented by better and more just economic and industrial conditions. Men wish to give pleasant homes and comfort to their families. The inability to do so disheartens them, and sometimes makes beasts of them. Feasible changes in our economic and industrial systems would result in devoted husbands and happy homes, where now is despair and consequent misery. For example, a government telegraph system would not only give us ten word messages to any part of the country for ten cents, but it would employ about four times the present number of telegraph operators, with wages increased from the present pay of from $20 to $50 per month to from $40 to $80 per month. Thus, from thirty to fifty thousand families would be comfortably supported on what now goes to the Gould family as dividends on capital mostly fictitious, and the country would have a larger, better and cheaper telegraph service. That is a good way to increase the number of devoted husbands, contented wives, cheerful homes and happy families. The average man's nature is better than some women think it is, but his conditions can be vastly improved.—Ed.]

*We wrote to Messrs. Kerr & Co. concerning the importance of getting such progressive books as this in the hands of doctors, and suggesting that they allow us to announce some special arrangement by which this could be done. They replied as follows:

"Your favor of March 11th is received. We should be glad if you would announce that you have made a special arrangement with us, by which your readers can receive 'Man or Dollar, Which?' 'The Effects of the Gold Standard,' 'The People or the Politician' (a pamphlet on direct legislation), and a copy of our reform magazine, 'New Occasions,' all on receipt of 25 cents in stamps."

Mention this announcement with order, and don't send to us, but to Chas. H Kerr & Co., 56 Fifth avenue, Chicago, Ill. This is an exceedingly generous offer. We have expressed ourselves in previous issues as to Dr. Smith's "Effects of the Gold Standard."

Send subscription immediately if you want the 1897 volume complete.

Digitized by Google

Appendicitis Complicating Pregnancy.

Editor MEDICAL WORLD:—As comparatively few cases of this kind have thus far been reported, perhaps the following may be of interest. On November 24, 1896, I was called to see Mrs. G., about 40 years of age, mother of six children, and near her seventh confinement. Her general health usually good. She was suffering from severe pain in the region of the appendix, which came on suddenly. Temperature 102°, pulse 120, tenderness over McBurney's point, and very marked rigidity of right abdominal muscles; bowels constipated. The next day there was a small, ill-defined swelling in right inguinal region, which gradually increased. On the 27th, after a quite severe labor of about six hours, she safely gave birth to a fully developed male child. The placenta was adherent and very friable, but with care and considerable difficulty was entirely removed. During labor, pain was severe at times in the region of the swelling. The next two or three days the swelling was as large over as a small saucer, entirely distinct from the well-contracted uterus. At this time, after what the nurse described as two quite copious and extremely offensive stools, the swelling very gradually subsided, also the tenderness and fever. She was discharged well December 10th. The treatment from the first and throughout was the administration of the sulphates of sodium and magnesium, equal parts, in water, every three or four hours in sufficient doses to produce easy liquid stools, five or six in the 24 hours; also between these doses intestinal antiseptics, in this case zymacide (Reed & Carnrick) in 20 or 30 drop doses, mild counter irritation, carbolized vagnial douches twice daily, liquid diet, and as perfect rest as possible. Opiates were not used but once in this case.

E. A. SANBORN, M. D.

Somerville, Mass.

[Sudden or rapid appearance of a tumor in right inguinal region, with as sudden appearance of severe pain and fever, indicates fecal impaction. Slow and gradual appearance of an enlargement in this region, with dull pain and no fever (sometimes the temperature is subnormal) indicates appendicitis. In either case, clear the bowels, preferably with castor oil. This being done thoroughly, if a fecal impaction, it will be removed with disappearance of all symptoms; if appendicitis, the local symptoms will probably be improved, but the symptoms will persist, or they may become quiescent for a time and reappear later. The above case was one of fecal impaction and not appendicitis.—Ed.]

Some of Our Needs.

A lamp or lantern which can be used by the "country doctor" while wrapped in his oil cape on a dark, rainy night, while travelling on horseback. One which can be attached to the stirrup, or stirrup leather, or to the horse in such a way that the light will not be obstructed and will be thrown in front of the rider.

A saddle rug which can be put off and on with ease for use in horseback riding. One which will envelop the lower limbs and body with comfort, and readily adjusted after the rider is in the saddle.

A truss which can readily control inguinal or scrotal hernia, and can be worn with comfort by a laboring man.

Do not answer above unless you have something first-class to offer. Let us hear through THE WORLD.

Kentucky. COUNTRY DOCTOR.

"That Curious Fever;" This Time in the Far West.

Editor MEDICAL WORLD:—Two hundred miles east of Portland, Oregon, and fifty miles south of the Columbia river, in the foothills of the Blue Mountains (the healthiest tract on earth), at an altitude of 2000 to 4000 feet, on the prairie and through the timber, in an arid belt where malaria is unknown, we, too, have had a "curious fever." Dr. Corry, in your February number, page 56, hits us very well.

Not having DaCosta at hand, I am uninformed as regards his symptoms of the Chickahominy fever; yet there we could well expect abundant vegetable germs, while here they should be almost absent. I read the article with interest; the symptoms were well portrayed and in harmony with our observations here. In a hundred or more cases within a radius of twenty miles, perhaps a loss of 15 per cent. would cover the mortality, most of them being cases remote from physicians and subjected to home treatment until

Digitized by Google

the sepsis had gone beyond control. There were wanting in all these cases the well-grounded elements of typhoid fever, yet the anatomical lesions are not known, as no autopsies were had. In only a single case was there a hemorrhage of the bowels, and it terminated in recovery. No symptoms of ulceration or perforation have been noted. There was no prodromal stage nor general malaise preceding the onset, but it was generally ushered in without warning by rigors more or less severe, followed by a temperature of 102° to 105°, bounding around for days between that and normal.

The only pain complained of was at the nerve centers—brain and cord. Cases seen at once or very soon after the onset yielded to the thorough cleansing of the alimentary tract with calomel every two or three days, and the system saturated with antiseptics—sulfo-carbolate of calcum, sulfo-carbolate of zinc and salol being most commonly used.

That the fever is contagious as well as auto-infectious is beyond question, as it attacks one after another in a family, and if the hygiene is bad rarely one escapes. The "watchers" (we have no nurses out here) are often attacked. Ages from 5 to 30 seem most susceptible, yet cases from 50 to 60 have succumbed to it.

Antipyretics, such as coal-tar derivatives, *et al.*, seem to have but little effect, and are believed by some to be injurious —heart sedatives in line of the "big four" the same.

Whatever the microbe may be, it is a prolific creature (I suppose they are creatures). The patient often yields to his ravages in from 5 to 10 days when left unmolested. Calcium sulfo-carbolate, in daily quantities of from 30 to 40 grs., seemed to act as a prophylactic when preceded by a calomel purge. Alimentation consisted of sterilized milk, egg-nog, bovinine, etc., as long as sepsis was apparent in the system.

Ordinarily, if attacked vigorously at the onset, and with clean surroundings, the duration was from 6 to 10 days. The fight—asepsis *vs.* microbes—was greatly aided by clean surroundings; bed and body linen changed daily, with antiseptic baths, also carbolized solutions often sprayed about the room, and carbolized water constantly on the stove. With these conditions observed, a most violent case convalesced in about 8 days.

An apathetic condition of the alimentary tract is worth mentioning in these cases. Many of them nearly proof against all ordinary cathartics.

DR. E. R. SWINBURNE.

Heppner, Ore.

Extra-uterine Pregnancy in the Lower Animals.

Editor MEDICAL WORLD:—On page 79, February WORLD, I find the following query: "Have you ever known or heard of a case of extra-uterine pregnancy in the lower animals?" I will answer in the affirmative; and state that this condition is of as frequent occurrence in the lower animals as in the human subjects; especially so, among sheep and cattle. In our less regard for our dumb brutes, we overlook the condition and allow our dumb patients to die. Extra-uterine gestation is frequently met with in ewes especially. For information concerning a recent case, I will refer you to my cousin, Thomas E. Hayes, of Granville, Ohio, who last yeaning season, met a case of the above-named condition in one of his own flock.

E. J. YEAGER, M. D.

Graysville, Ind.

Ectopic Fetation in the Lower Animals.

Editor MEDICAL WORLD:—In reply to your inquiry, page 79, February WORLD, regarding the ectopic fetation in the lower animals, I write to say that a case of this kind occurred under my own observation in the spring of '93. I was summoned by the owner to a mare which had been in labor two days without any result. The anus and vagina were protruding, but no sensation from the latter; the animal was nearly dead from exhaustion. I made an examination and found the womb empty. I informed Mr. B. (the owner) that the mare would die, as the colt had formed outside of the uterus; but that I would incise the abdomen and remove the colt, which he might raise by hand, and give its mother her only chance for life. He readily consented, and on making the incision found a very large colt encased in a provisional uterus, and inside of that the water-sack, which was very thin

Digitized by Google

and already ruptured, as some of the liquor amnii escaped when the incision through the outside sack was made. After delivering, the incision was well closed with strong interrupted sutures, and wound dressed with iodoform ointment. The mare survived the operation about five days; the colt lived two weeks and seemed to thrive on cow's milk, but the family being scarce of milk withheld a portion of that at the end of two weeks and substituted corn meal gruel, causing dysentery, which ended fatally. I believe, since my experience with this case, that had the operation been done earlier, the entire sack removed and stump ligated, the mare's life could have been saved.

Your "Monthly Talk" is deeply interesting to me, and I trust you may continue to go on with the good work till every physician in all this favored land will be induced to use every means in his power to investigate and stamp out the loathsome maladies that are afflicting our body politic.

Zion, Va. E. M. SNEED, M. D.

Amputation of Uterus of Cow.

Editor MEDICAL WORLD:—On Feb. 1, 1897, a neighbor's cow gave birth to a well-developed calf at full term, expelling the womb, which remained external for several hours, until it became swelled so large that it could not be replaced. To give the cow a chance for her life, he drew a ligature around the womb close up to the vagina, and cut off about as much of the womb in bulk as two large human placentas, without any hemorrhage. The stump was pushed back into the vagina. The cow ate heartily, showed no symptoms of suffering, and recovered as fast as if her labor had been normal.

J. W. SHEMWELL, M. D.

Bumper's Mills, Tenn.

Paralysis—Jaundice—Diarrhea in the Aged.

Editor MEDICAL WORLD:—A little less than a year ago, or in the April number of your admirable journal, I presented two cases for the consideration of your numerous readers. I was favored with a good many replies in regard to the case of jaundice, but only one writer, Prof. Waugh, said anything about the case of paralysis. He called it "progressive paralysis," and recommended a certain line of treatment, which failed, as everything had before, and left him as helpless as ever. I then advised him to quit medicine and rely on *vis medicatrix naturae*, which he finally did. He has almost entirely recovered, though still weak in one of his limbs, which is gradually improving in strength and mobility. He can walk around very well now, by using a cane to help support the weak leg. Was Dr. Waugh's diagnosis correct? and do such cases generally recover, regardless of medical treatment, as this case seemed to do? And are they uncommon? This is my first case.

The case of jaundice, for which I was favored with so many replies, most of which recommended certain mineral waters, gradually became worse, and finally succumbed to the disease. As I was not allowed to make a post-mortem examination of the body, I could not confirm my diagnosis of obstructed gall duct, or ascertain the cause of the patient's death; though I think he finally collapsed from heart failure, as he died rather unexpectedly, for he was walking around his room the day before his decease. Although medical aid proved futile, you can give my thanks to those of the medical fraternity that offered me their assistance.

I will again be thankful if some of my medical brethren will suggest some remedy for a case I have at present on hand. The patient is an old gentleman, bordering on four-score years and ten. He has been troubled with a peculiar diarrhea for over a year; sometimes intense in its discharges, and again nearly natural, and always without any pain. Most of the time he has a good deal of hemorrhage mixed up in the watery discharges. They seldom improve in any respect, without I keep him under the influence of opium and acetate of lead, with a little ipecac in the capsules containing the combination. By keeping his stomach well stored with these remedies, he gets along tolerably comfortably; but as soon as he ceases to use them, in a few days the trouble returns as bad as ever. He has also been annoyed with a disease of the skin, resembling eczema, but he is not troubled with that very much at

Digitized by Google

present. I have tried most everything for his diarrhea, but nothing seems to do any good but the prescription above, and that only alleviates the trouble and doesn't cure it; so I have about made up my mind that the disease depends on a relaxation of the sphincter ani muscle from old age, or internal hemorrhoids, or both, though I have not been able to discover them by digital examination or speculum. The old gentleman's appetite is good all the time, and he is never confined to his bed. When the weather suits he walks about over his farm, superintending his affairs. As he is one of our most substantial citizens, I would be grateful if "ye" Editor, Prof. Waugh, or some of the medical brethren would help me. I tried hot water injections, plain and combined with various astringents, but with little effect. I have also dieted the patient without effecting a cure; consequently I will await the decision of the fraternity before I try anything else. I have never used anything to compare with fld. ext. cascara sagrada for constipation in infants. I used it not long ago for a child whose bowels were not moved more than twice a week, with the happiest results.

Slanesville, W. Va. K. TAYLOR, M. D.

[Diarrhea in the aged is always a serious matter. Relaxed sphincter is not the cause in this case; either a relaxed condition of the bowels in general, or increased peristalsis, is the probable cause. If the former, which is likely, tincture of iron, in from five to ten drop doses after meals, will be a promising remedy. Lead astringents should not be given internally for any considerable length of time. The reason is obvious. We have many unobjectionable astringents. Increased peristalis, if present, will necessitate a little opium to control it until the cause can be removed, or until it disappears. A bland, non-irritating diet is important; corn bread, fruits, etc., should be avoided until the bowel trouble is cured.—Ed.]

Pneumonia.

Editor MEDICAL WORLD:—I was called recently, with another physician, to see a boy 14 years of age who had had pneumonia for eight days. He was in a dying condition. On examination I found his temperature to be nearly 106, pulse 140, and wild with delirium. The temperature and delirium I learned had been so extreme for four days and nights prior to my visit. In reviewing the treatment, I was informed that acetanilid had been given to reduce the high temperature, and frequently repeated doses of Peacock's bromides with chloral added at each dose; also hypodermics of morphia ¼ and atropia 1-150 to quit the delirium, all to little or no effect. Now, in the opinion of the Editor, would it not have been more rational and effective treatment to have instituted from the first hydro-therapy to reduce the temperature, instead of the acetanilid, and, at the same time, stimulate the nervous system, thereby preventing or modifying at least this violent delirium? Again, under the treatment of hydro-therapy, when the case demanded the use of the chloral, bromides, etc., as auxiliary measures, would not their therapeutic value be somewhat enhanced? In conclusion, I will state that I have used the baths in just such cases, with the best possible results, but would like to have an expression from the WORLD'S editor.

W. Va. SUBSCRIBER.

[Cool sponging or baths and less medicine, particularly of the depressing sort, were strongly indicated in the above case.—Ed.]

Urethral Trouble.

Editor MEDICAL WORLD:—I have a case on which perhaps you or some of the WORLD'S readers may be able to give me a little assistance. I first saw the case in Dec., 1894, while he was under the care of another physician for stricture. He could only pass his urine a drop at a time, and neither the other physician nor myself could pass even a filiform bougie, though we tried for about one hour. No operation was performed and he gradually became better, so he could pass a small stream.

In Sept., 1895, he came to me for treatment of an acute gonorrhea. On April 22, 1896, I operated upon him for stricture, doing the perineal operation.

The recovery from the operation was uneventful, the wound healing quickly and without suppuration. The urine now passes freely; in fact, there is a cer-

Digitized by Google

tain amount of incontinence, so that he has to wear a rubber urinal through the day. It never troubles him when he is lying down, and is much worse some days than others.

There is also a slight discharge from the meatus which responds to the test for pus. At times he has hot flushes and feels feverish.

He has had epididimitis twice on the right side since the operation, and the second time an orchitis also, which subsided upon treatment.

I have considered it a case of purulent inflammation of the deep urethra, and have done pretty nearly everything I could think of that gave promise of benefiting him. I passed a cold steel sound twice a week, at the same time administering 10 m. of oil of sandalwood three times a day. After this I irrigated the urethra with a weak solution of permanganate of potash nearly every day for a month. There was some soreness in the vicinity of the prostate, which is less than before, but with that exception there is no particular result.

What I want is some treatment that will cure the purulent inflammation of deep urethra, prostate, or seminal tubes, wherever it is located, medicinal or operative. What can be done for the incontinence, or can anything be done?

Ill. QUERY.

[Dr. J. B. Deaver says in regard to this case: Bougie up to the normal standard of the urethra. The chief trouble is in the anterior portion of the urethra. Have the patient to inject the following solution twice a day: ½ gr. permanganate of zinc to 4 oz. of distilled water.—Ed.]

In October WORLD, 1896, page 385, beginning near bottom of second column, is an article on "Incontinence of Urine," extending over on the next page. Sanmetto is the principal remedy mentioned in the article. At the end of the article is the following editorial note: "It is only fair to state that Dr. J. W. Hamer, of Johnstown, Pa., reports to us that he has failed to get results from this remedy." Some readers have construed "this remedy" to be nitro-glycerine, which is incidentally mentioned in the last paragraph of the article. We wish to make it clear that Dr. Hamer has failed to get results from sanmetto. We did not think this note could be misunderstood. We now make it so plain that misunderstanding is impossible. To repeat: Dr. J. W. Hamer, of Johnstown, Pa., has failed to get clinical results from the use of sanmetto.

Editor MEDICAL WORLD:—My case of abdominal plethora is doing finely. Hasn't had a faint since I showed him your advice in the WORLD. Many thanks. Could never persuade him to rein up his appetite before.

Hollow, Mo. DR. P. E. WALTON.

Experience with Anti-Tubercle Serum.

Editor MEDICAL WORLD:—Last November I had a convesation with the Rev. N., pastor of the Swedish Lutheran Church. He said that he was suffering with lung trouble and had been for nine years. He had received treatment in Chicago hospitals. Had tried the climate of California and the mountains. Had been under the care of eminent physicians in Sweden, and now thought it of no use to take treatment from any local physician. I remarked that his would be a difficult case to treat, but that the anti-tubercle serum was reported to be giving good results and might possibly be of benefit to him.

A few weeks later Mr. N. said he wished to give the treatment a trial. His condition then was as follows: pulse, 92; respiration, 24; temperature, 100½; emaciation not very marked; somewhat jaundiced; has to walk slowly; appetite poor and stomach irritable; posterior pharyngeal wall injected and so irritable that a light application of boric acid would cause vomiting. Expectoration yellow in the morning, and later white and frothy.

I commenced injecting the serum in the back of the thorax, in 15 minim doses every other day. There was no reactionary fever, but patient would sleep four hours in the afternoon after the injection. The appetite also began to improve, and there was a change in the character of the sputum. After using nearly one bottle, patient complained of scantiness of urine, and a deposit in the vessel. Upon examination I found it highly albuminous. I then sent some

Digitized by Google

of the sputum to a hospital in Chicago for microscopic examination. It was reported free from bacilli. For these reasons I thought it best to discontinue the serum and began using potass. iodide, ammon. chloride, etc.; also a tonic capsule containing quinine, iron, arsenic and strychnia, but none of it seemed to agree and the appetite got worse. Patient consulted another physician who prescribed calisaya and strychnia, which R. never was filled. I then used the remainder of the first bottle of serum with the result of improving the appetite and general well-being of the patient. I ordered another bottle and am using the same doses once a week. I think that is better for the kidneys.

The Lutheran pastors have a good many extra meetings about Christmastime, and Mr. N. said that he felt more able for his work than for a long time previous.

There is some evidence of a small cavity in the left lung.

While these results are not very striking, still I have not noticed any reports of the somnolence and increase of appetite elsewhere. I am still using the treatment, but am not very hopeful of a complete cure.

Alpha, Ill. W. B. GRAY, M.D.

Editor MEDICAL WORLD:—J. E. Slicer, M.D., is asking for a blank-book to record valuable articles, where and when read, in what journal, etc. I keep a "Medical Index," printed by Joel A. Miner, Ann Arbor, Mich. It is very practical and suitable for twenty years' work; only costs $1.50 or $2.00. Send for it and you will never rue the expense. Success to the WORLD family.

Auburn, Neb. A. OPPERMANN, M.D.

Comments and Replies.

EDITOR MEDICAL WORLD:—I am treating most cases of consumption now with guaiacol benzoate, bovinine and petroleum emulsion. Brothers, try this treatment, and add inhalations of protonuclein (special).

Hemorrhoids can be cured by means of electrolysis. I am curing them pleasantly, permanently and profitably. Also curing a case of procidentia recti of thirty years' standing the same way.

"Country Doctor:" Vienna paste is an excellent application for removal of cancerous growths, if not situated over or too near important blood vessels. It is easily managed.

Dr. J. B. Simpson, Mountain House, Ark.: If the ulcer has calloused edges, apply arg. nit. to soften. Wash ulcer occasionally with dilute hydrogen peroxide. Draw edges as close together as possible with adhesive strips, leaving room for applying medicine. Apply new strips every day. Dust ulcer each day with aristol or protonuclein (special). At night apply bovinine on absorbent cotton, or inject in edges of ulcer. This will cure. Doctor, you cannot keep some of these old ulcers cured, especially in persons that have diseased veins, and you most always find this the case.

J. T. BARNETT, M. D.

Hardinsburg, Ind.

That Case of "Bilious Colic."

EDITOR MEDICAL WORLD:—In your reference to my article in the March number, you ask me if I believe the case was one of gall-stone colic. I answer, no; it was one of congested liver, or, as some say, "an inactive or sluggish liver," with consequent stomachic disorder. The symptoms were sharp pains and tenderness in right hypochondriac and epigastric regions, prolonged vomiting of very bitter greenish matter, violent headache, heavily yellow-coated tongue. All symptoms greatly aggravated by the least motion—a case of what so many people call "biliousness," only much intensified and recurring at almost regular intervals. I used the term "bilious colic" because the patient used it as the term her doctors had given her for it. The point to be noticed is, that a trouble which had recurred at intervals for years returned no more after taking the remedies, or when indications of a return presented themselves the remedies promptly headed off the attack. Perhaps, as my friend, an old-school doctor, suggested, it was only a case of coincidence. Perhaps all cases of cures and palliations are "coincidences."

Have the readers of THE WORLD ever used permanganate of potash in the treatment of scarlet fever? I never saw it spoken of in relation to the treatment

Digitized by Google

of that disease except as a gargle for the sore throat. I have used it with marked success. I make a solution a bright purple color and give a teaspoonful every hour or two, either alone or in alternation with some other remedies. If others have used it I should like to know their success. I will write up a case in which it seemed remarkably successful, if the Editor wishes it.

Babylon, N. Y. A. J. WOODRUFF, M.D.

[Would be pleased to have an article from you on scarlet fever. Perhaps it will start an interesting discussion. We have not had much on that subject for some time.—Ed.]

Nutmeg Liver.

Editor MEDICAL WORLD:—Will you please inform "Medic" that he can find all the information desired about "nutmeg liver" by consulting Dickson's "Elements of Medicine," 2d Ed., 1859, page 569; Bennett's "Practice of Medicine," 3d Ed., 1866, page 517, fig. 427; perilobular, fatty, or nutmeg liver, page 518; for full description, commencing at third line from top, and fig. 428, pigmented nutmeg liver.

ROBERT W. SHORT, M. D.,
U. S. Examining Surgeon.

Mechanicsburg, Pa.

Quick Relief for Lumbago.

Dear WORLD:—I have found out that THE WORLD is read. I answered to-day the 127th letter on "Quick Relief for Lumbago," published in the December WORLD. The *Lancet* copied the article. Quite a number say the mixture cannot be made. Please publish what your druggist (and, by the way, there is none better) says.

Woodstock, Va. W. S. CLINE.

W. S. CLINE, M. D.,

Dear Doctor:—I have your note stating that many of your correspondents complain that your formula for "Quick Relief for Lumbago" cannot be satisfactorily prepared; that the mixture gelatinizes. In reply I would say that there should be no trouble with this mixture if the collodion is made according to U. S. P. 1890, with ether that answers the 1890 test. The collodion and tr. iodine are mixed, and the aq. ammon. fortoir added; or the tr. iodine and aq. amm. fort. are mixed and the collodion added; it makes no difference which way. The mixture is then to some extent gelatinous, but after an hour or two, with occasional shakings, the mixture becomes entirely fluid. After the lapse of several hours more the iodine has become decolorized, and the mixture is of a light amber color. I am inclined to think that the difficulty is more a matter of impatience than impure drugs; certainly there is no trickery in my making the preparation as some have suggested to you. Let them try it again and wait two hours before writing. Yours truly,

Woodstock, Va. B. SCHMITT.

Unnecessary Medication in Infancy.

Editor MEDICAL WORLD:—When three days elapse, and a healthy growing infant that has never taken a drop of medicine has no action of the bowels, the old ladies become alarmed. Immediately the baby is doped with castor oil, and after that more or less illness follows. Soothing syrups, paregoric, etc., then alternate day after day with oil or other cathartics, and ere long the doctor is called.

It is very evident to him that the first dose of oil was given needlessly. The rapid growth of an infant in the first few weeks after birth often consumes nearly all the solids of the ingested milk. Under such circumstances, to hurry the partly digested milk out of the body with a dose of oil not only disturbs nature's harmony, but it inflicts temporary starvation upon the child. Hungry absorbants wire their woes to the reflex centres that preside over peristalsis, and then confusion all along the alimentary canal begins. The baby has colic, whereupon the lady of large experience begins the use of various opiates.

It is generally supposed by the laity that nature is unfit to attend to an infant's defecation. This prevailing error should be uprooted, for it undoubtedly figures largely in the infantile death rate, to say nothing of the far-reaching effects of unnecessary medication in years after. DR. C. E. BOYNTON.

Los Banos, Cal.

[A soap suppository, or a small injection of water, is better than a dose of oil, to secure an evacuation in an infant. —Ed.]

Digitized by Google

Quiz Department.

Questions are solicited for this column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication) will not be noticed.

The great number of requests for private answers, for the information and benefit of the writer, makes it necessary for us to charge a fee for the time required. This fee will be from one to five dollars, according to the amount of research and writing required.

QUERIES received from "E. F. B."—Communications without the name of sender (not necessarily for publication) do not receive atttention.

Who will suggest a remedy for eczema of the joints? I have charge of a case which has failed to yield to my usual mode of treatment. The general health of the patient is good, yet the case seems very obstinate. B.
Tenn.

Editor MEDICAL WORLD:—Is there any foundation for the belief prevalent among the laity that the use of cotton-seed oil in any form as an article of diet will diminish sexual vitality?
Somerville, Mass. E. A. SANBORN.

Hodgkin's Disease.

Editor MEDICAL WORLD:—I have a long-standing case of Hodgkin's disease under treatment, with intense pruritus. Temperature runs about 101°. Have about exhausted the materia medica, but still without much success. Solution calcium chloride seems to ease itching somewhat, and triple bromides the nervousness, but still not much. Patient sleeps little; very nervous; good deal of laryngeal cough from pressure of enlarged glands, I think, as lungs seem normal. Shall be glad to hear at once from yourself or any of the "brethren" as to what they would suggest, after having had experience in cases of this disease. THOS. D. HULME, M. D.
Commerce, Polk Co., Iowa.

Hemorrhage from Urinary Tract.

Editor MEDICAL WORLD:—Male, age 30 years, fair complexion, medium size, weight about one hundred and twenty pounds. Three years ago he had a bad case of gonorrhea, which lasted five months. He used nitrate of silver injection. Since that time he has had hemorrhage of the bladder, which never has stopped; keeps him very weak. I have tried all the remedies recommended in our text-books. Nothing seems to benefit him, only tincture of iron. If he has anything to do with his wife the hemorrhage is exaggerated. Any advice that will help me cure my patient will will be appreciated.
Redfork, Ark. M. S. MOORE.

[Dr. J. B. Deaver says of this case: To determine the source of hemorrhage, explore the urethra and bladder. There might be a stricture with a granulated surface behind it. Chemical and microscopic examination of urine should be made. Is there any pain? If so, is it before, during or after urinating? Is there loss of flesh or strength? Papilloma of the bladder is suggested.—Ed.]

Impotence.

Editor MEDICAL WORLD:—I beg to submit a case of impotence under my care, with the hope that I may receive some light on the subject which will enable me to treat it successfully.

The patient practiced masturbation when young, beginning before puberty, and continuing until the act ceased to be of much pleasure. At about twenty he began having intercourse with women, but found that emissions occurred too soon and erections were weak. At about twenty-eight about all desire for intercourse had ceased. Now, at thirty-five, he has no desire for intercourse; penis shrivelled and cold. Through most of this period night emissions with good erection have been frequent. Lately they have been diminishing greatly, but it seems as soon as there is any energy stored up, a night emission occurs, with erection, but no sensation. Patient is single, and always has been, and is now the picture of health. He is an intelligent man of good habits. I have tried many drugs and the vacuum treatment, without the slightest good. He, of course, is very anxious for relief, and if any of your readers can give me a good suggestion I shall feel very grateful.
G. NELSON DOLBECK, M. D.
Port Chester, N. Y.

[Dr. J. B. Deaver thinks that by the use of electricity and strychnia the patient can be benefited; perhaps restored. Use the Faradic battery, one pole in rectum and the other over the external genitalia. Local weakness is the cause of the too frequent emissions.—Ed.]

Digitized by Google

Current Medical Thought.

Recent Expressions of Modern Views of Pneumonia.

There is hardly a prominent medical periodical, at the outset of the year, that did not contain some interesting authoritative allusion or paper, or some readable discussion on this very serious morbid condition. We are disposed to conclude from this that there is not yet perfect unanimity in the minds of practitioners either as to its pathology or treatment. Here in Philadelphia, for instance, at a meeting of the Philadelphia County Medical Society, held just before the expiration of the year 1896, Dr. Thomas J. Mays read a valuable paper advocating, from collective investigation of a series of cases, the local application of cold in acute pneumonia, and urging the view that the morbid process is in a great measure dependent on serious disturbance of the nervous system, in which the respiratory nerves and centre participate very largely, and hence the increased frequency of breathing in this disease may be due partly to central and partly to reflex influences. Moreover, he stated,* in close anatomic contact with the respiratory, the polypneic, and the heat-centres, is the convulsive centre, and in this close companionship we have, perhaps, an explanation why almost all inflammatory diseases that implicate the base of the brain are attended with a frequent respiratory rate, high fever from the onset, with little fluctuation, together with convulsions occurring with greater or lesser frequency. The oblongata contains another centre, viz., the cardiac centre, which is invariably involved in pneumonia, and plays a very prominent rôle throughout the course of this disease. The therapeutic indications are brought out very prominently: (1) abatement of the local process in the lungs; (2) reduction of fever, and (3) allevation of cerebral and general nervous irritation. He believed that cold, applied externally, would meet these demands more satisfactorily than any other measure. Not only will it allay the morbid process in the lungs, but it possesses a direct ameliorating influence on those nerve-centres which play a responsible part in the pathological history of acute pneumonia.

Different views are held by other authorities, who gave expression to them in the columns of several of our contemporaries. Dr. Osler, for example, holds the modern view that the toxemia is the most dangerous element in pneumonia,† and that the interference with respiration and the circulation is of far less importance. He believes that it is to this that the excessive mortality from pneumonia is due, and this belief contains for him little that is encouraging, for he confesses that we know of no means by which we may combat effectively the poison of the disease.

Dr. Simon Baruch, of New York, holds the same views as Dr. Osler concerning the part played by toxemia in the mortality of the disease, but he has much greater confidence in the result of his thereapeutic measures, although admitting that the outlook in each case is very uncertain. He relies chiefly upon the effect of wet compresses, applied at a temperature of 60° F., and renewed every hour or half hour, according to circumstances, although he also gives Leaming's "sedative dose" of calomel (10 to 20 grains) at the beginning, and hypodermic injections of strychnine to spur up the flagging heart—two remedies which have been found efficacious in certain cases, even when not combined with hydrotherapy. These methods, in his view, offer, at the present time, the most favorable, yet not perfect, results in the management of patients suffering from pneumonia.‡

Dr. A. H. Smith, in another paper, refers to the familiar method of treatment of croupous pneumonia by inhalation, but doubt as to its practicability exists. "There is hope," says our excellent contemporary just quoted, "that in pneumonia as well as in typhoid fever we may yet have an antitoxin upon which we can rely to save the patient in cases in which we fail (as we doubtless often, if not always, shall) to strangle the disease in its inception."—*Editorial in Col. and Clin. Record.*

* *The Philadelphia Polyclinic*, January 9, 1897.

†*Amer. Jour. of the Medical Sciences*, quoted in *Med. Record.*

‡ *Medical Record.*

Digitized by Google

Facial Erysipelas Treated by Turpentine.

Edward O.—Case developed upon the ward and was immediately recognized by Dr. McAlexander. Patient had severe chill, and temperature rapidly ran up to 105.4, pulse 132. Patient had coated tongue, nausea and considerable muscular soreness. Gave extract pilocarpi fluid, twenty drops, spirits frumenti one-half ounce, tincture ferri chloride twenty drops and four grains quinia every four hours. Applied ung. zinci oxidi and tincture iodide to the inflamed area, and kept head wrapped in hot bichloride towels all the time. The inflammation continued to spread until the whole face and scalp was involved. On the third day the patient became very delirious, and opium and chloral had to be used to keep him quiet. On the eighth day the eruption began to subside and the patient improved rapidly, and was removed back to the hospital ward on the eleventh day. This patient was in the hospital for treatment for enlarged and suppurating cervical glands, which were very markedly improved by the attack of erysipelas.

John J. was brought to the hospital on the fifth day of the disease; temperature then was 104.2, pulse 122; eruption all over face and head, except chin. He was very delirious, and had to be watched until quieted by morphia, chloral and bromide. A mixture of ichthyol one-half ounce and lanoline one and one-half ounce was used as the local application, and the internal medication was same as Case 1. There was considerable suppuration and the hearing much impaired. On the fifth day ofter admission the temperature began to decline, the delirium to abate, and on the eighth day the patient was discharged, not well, but out of danger and able to go home.

Anna B.—When admitted the eruption covered all of one side of face and half the other; patient had coated tongue, foul breath, was nauseated, and had persistent vomiting; temperature 105.4, pulse 136. Gave cerium oxalate and ingluvin to quiet stomach, used stimulants, and applied common commercial turpentine freely to the inflamed area, and especially to its elevated border. Patient complained of some smarting where the turpentine touched the healthy skin; otherwise was not painful. The eruption did not spread farther after the application. Patient never was delirious, and was discharged entirely well on the seventh day. I conceived the idea of using the turpentine on account of its germicidal, antiseptic and penetrating properties.

In all the cases, of course, the bowels were thoroughly opened and kept regular. Nutritious and easily assimilated foods were supplied when the stomach would bear anything.—Dr. W. D. SCHWARTZ, in *Indiana Med. Jour.*

Cases Cured by Hypnotism.

Dr. R. Osgood Mason, of New York City, has an exceedingly valuable article on "Educational Uses of Hypnotism," in February issue of *Pediatrics*, from which we quote the following cases:

Case III.—A little boy, seven years of age, was a most unhappy coward—afraid of the slightest pain, and a coward and cry-baby amongst his playmates. He had some slight disease of the scalp which it was necessary to treat, but he would cry and run away the moment I entered the room. After one or two unhappy and only partially successful attempts at treatment I decided to try suggestion. Placing him in a chair opposite me, I took his face and head firmly between my hands, and putting my face near his, I commanded him to look steadily in my eyes. It was very difficult to secure his attention, but, having succeeded, I soothed him with passes and light touches, until his eyelids dropped—he was perfectly quiet, subjective and sleepy, but not asleep. I then suggested that he would no longer be a crying, whimpering coward, but a strong, brave boy; that he would take his treatment without fear, and that he would stand up sturdily for his rights among his playfellows. This was repeated over and over, gently but firmly—he all the while remaining passive and sleepy, and apparently taking no notice whatever of my suggestions. The next time I called he was shy but not troublesome, and with two or three repetitions of the suggestions he came promptly and bravely to his treatment.

I was also informed that the change in his manner among his playmates was

Digitized by Google

equally marked; certainly all cringing and cowardly manner has disappeared, and he seems self-reliant and happy.

Case IV.—A little girl, five years of age, was afflicted with night-terror. She went soundly to sleep when first put to bed, but after two or three hours she awoke screaming and trembling with terror, on account of the hideous black man whom she saw in her dream. The impression of the dream was vivid and persistent, and her screams kept the household aroused and alarmed for hours every night, and this state of things had already continued for months. One day when she was perfectly bright and happy I placed her in her high chair in front of me—put my hands gently upon her shoulders, and asked her to look steadily at a trinket easily in her view, and quieted her with passes and soothing touches until her drooping eyelids denoted the subjective condition. I then commenced in a gentle, sing-song manner to suggest that she would go easily to sleep as usual at night, but that she would have no frightful dreams, that she would see the dreadful black man no more, but would sleep quietly on the whole night through. It was repeated over and over in the same gentle manner.

That was a year ago—she has not seen the black man since, and her sleep and health have been perfect. There was no repetition of the treatment.

Passing to still another class—that of sexual perversity—it would seem unnecessary to add anything to the work which has been done and reported by Krafft-Ebing, Von Schrenk and other well-known writers.

Case V.—A tall, but pale and flabby boy, 16 years of age, was, at the request of his father, a prominent public man in a neighboring city, brought to me by his teacher, on account of the habit of self-abuse, and also the cigarette habit. His memory was impaired; he was backward in his studies; he was dejected, dull and unmanly. He was under treatment by suggestion once a week, sometimes only once in two weeks, during two and a half months. The habit of sexual abuse was entirely cured in one month; the cigarette habit was reduced to a cigarette once in a week, sometimes only one in two weeks. His memory and interest in his studies were both greatly improved; he passed his examination with a percentage which quite surprised his teachers and friends. His father afterwards called on me to express his thanks, and he informed me that the boy, in addition to his improvement in his studies, had wonderfully improved in appearance, in brightness, self-respect and manliness. He was sent to Europe to study and passed from under my observation.

Class-Room Notes.

[From Colrege and Clinical Record.]

In the internal treatment of *Abscess*, the following tonic pill is of value:

R. Strychninæ sulph., - gr. j
Ferri redact, - gr. xv.
Quininæ sulph., - gr. xx. M.
Fiant pil. 20.
SIG —One three times daily after meals.
—*Hare.*

An excellent dusting powder to be used in *Excessive Sweating* is as follows:

R. Pulv. acidi salicylici, gr. x–xx
Pulv. acidi borici, dr. ij
Pulv. amyli, dr. vj. M.
—*Stelwagon.*

In *Acute Eczema* the following wash may be used, allowing the sediment to coat over the parts:

R Calaminæ,
Zinci oxidi, aa . dr. ij vel dr. iij
Glycerini,
Alcoholis, aa . f dr. j
Liq. calcis, . . f oz ij
Aquæ, q. s. ad . f oz. ij M.
—*Stelwagon.*

In *Fibroma Uteri* of small size, where the removal would be associated with danger to the structure of the uterus, Prof. Montgomery advises the use of five grains thyroid extract three or four times daily, with a view to the absorption of the growth.

To remove *Comedo*, or "blackheads," use pressure, frequent washings with hot water and tincture of green soap, and the following stimulating lotion:

R Zinci sulphatis,
Potassii sulphureti aa . dr. j
Aq. rosæ, ... f oz iv M.
If irritation is produced, discontinue the prescription for a time.
—*Stelwagon.*

Digitized by Google

"I HAVE not failed once for many years, by putting a blister over the fourth and fifth dorsal vertebrae, to put an end at once to the sickness of pregnancy, during the whole remaining period of gestation, no matter at what stage of the case I was consulted."—*Prof. Parvin.*

Malaria, Influenza, Etc.

Sander & Sons' "Eucalyptol," five to fifteen drops in hot milk or brandy and milk, three times a day.

Grape Seeds and Appendicitis.

We do not suppose that any amount of medical literature will ever disabuse the public of the idea that grapes are a dangerous fruit. So far as that is concerned there are some physicians who still hold to the idea that grape seeds are a frequent cause of appendicitis. In order to determine what foundation there was for this belief, Dr. Edmund Andrews, of Chicago, has made a study of the statistics of his city for every month during the last fourteen years. His report is published in full in a late number of *The Journal.* It appears that there have been 3,709 cases of appendicitis in Chicago during this time. These cases are all arranged by months that it might be seen whether there were more cases of this disease during the grape-eating season or within a reasonable period after its close. The figures show conclusively that there was no increased frequency during the four grape-eating months. In fact, precisely the opposite was true, for during this time there was a diminution in the number, due probably, so the author says, to the fact that during these months there is less constipation and impaction of the colon than at other times of the year. While the majority of authors quoted in the article do not deny the possibility of appendicitis being induced by foreign bodies, yet they think this cause is a rare one. They hold to the belief that catarrhal inflammation is the origin of most cases.

Dr. Andrews gives good reasons why it is difficult for a seed or any other foreign body to enter a healthy appendix. He concludes that there is no scientific proof whatever that grape seeds are any more disastrous than the hundreds of other small objects which we daily swallow with our food. This is most gratifying, and an effort should be made to let the public know this fact, for grapes are among the healthiest and most agreeable of all fruits, and it is to be regretted that any public delusion should prevent their use.—*National Medical Review.*

To Members of the Medical Profession, Individually, in the Interests of Medical Science.

As there is evidence tending to prove the theory that all persons predisposed by heredity to consumption have a respiratory capacity or action insufficient for good, vigorous health, probably a proportionately small chest with insufficiency of lung membrane—that the predisposition is mainly or primarily due to this cause; in other words, that the insufficient respiratory function is the special primary feature of the predisposition (a condition which may be, practically, acquired by habit, occupation, etc,), I desire the co-operation of the profession in an endeavor to help to establish, by means of collective investigations, the correctness or otherwise of this theory.

In this behalf I hereby ask all physicians who have patients predisposed to, or in the early stage of consumption, to send to me (on a post card will suffice), the information below indicated. As soon as I can study and collate the replies I shall make the results known to the profession.

Give (1) name or initials; (2) sex; (3) age; (4) occupation; (5) height; (6) weight, average when in usual state of health; (7) circumference of the chest on a level with sixth costo-sternal articulation when momentarily at rest after an ordinary expiration, and also (8) after habitual natural expansion or inspiration, which last (8) usually exceeds the first measurement, expiration (7), by an increase of only about one-fourth of an inch; finally (9), the circumference after a *forced* expiration, and also (10) after a forced inspiration, these two measurements, 9 and 10, varying or showing a range of from 1½ to 4 inches. The patient should, of course, be as calm as possible, and had better, usually, practice the *forced* breathing for a few acts before these two last measurements, 9 and 10, are taken.

To be of value, all four measurements

Digitized by Google

should be taken as carefully, accurately and free from haste as possible.

Any further information, in brief, as to degree of heredity (family history) in cases, *prominent* symptoms—loss in weight, cough, dullness on percussion, etc., or any remarks, will be a decided advantage.

Measurements of two cases, or several, or the average, could be given on one card.

With the hope that many will comply with the above request, and with much respect for and interest in the profession, I am, yours truly,

EDWARD PLAYTER, M. D.,
Ottawa, Ontario, Canada.

Contagious Impetigo.

This is a self-limited contagious disease of children, appearing in localized epidemics, and first described by Tilbury Fox in 1864. Accompanied by a moderate fever and some gastric disturbance, there appear on the face and hands groups of flat vesicles filled with transparent or cloudy serum. These dry up into characteristic golden-yellow crusts, which fall off in two or three weeks, leaving circular, reddened, non-ulcerated areas behind. Successive crops of vesicles may prolong the disease for two months or more. It is undoubtedly parasitic, but, though Kaposi claims to have found it, the etiological factor is still unknown. The treatment consists in removal of the crusts with olive oil compresses, cleansing the skin with hot water and soap, boric acid solution, etc., followed by the use of Lassar's paste:

R	Acid. salicylic, . . .	30 grs.
	Petrolati, ...	1 oz.
	Zinci oxidi, . . .	
	Amyli, ...	a a. 1 2 oz.

—William S. Gottheil, M. D.,
In "Pediatrics," October, 1896.

Tentative Thyroid Therapeutics.

Dr. Walter Lindley, of Los Angeles, Calif., has a good paper on this subject (South Calif. Practit, Nov., 1896). After reviewing the literature on it, he says it has been used in the form of desiccated thyroid; some use tabloids; many administer the fresh sheep's thyroid finely hashed as a sandwich—having first removed the capsule; some use three to twenty minims glycerine extract in water. Undue acceleration of pulse—from ten to twenty additional beats a minute—indicates that the dose is quite large enough; or a rise of temperature of one degree above normal also shows that the dose is too large. An overdose causes gastric irritation, nausea, heart weakness, dizziness, tremor, fever, restlessness, polyuria, and sometimes glycosuria. It is contraindicated in acute insanity, tuberculosis, valvular heart disease, miasmatic states generally, etc. The following are the conclusions of the paper:

1. It has passed the experimental stage in the treatment of myxedema, and is a specific for that condition.

2. There have been numerous undoubted cures of obesity by its use.

3. The results of its use for uterine fibroids are encouraging, and justify further trial.

4. The reports where it has been used in the treatment of syphilis are favorable, but there is not enough data upon which to base an opinion.

5. It has proven useful in the treatment of psoriasis and lupus.

6. The reports as to its usefulness in goitre are conflicting, but it should be thoroughly tried before operation is determined upon.—*Va. Med. Semi-Mo.*

Our Monthly Talk.

MONEY is a medium of exchange.

Money is a portable system of accounts.

Money is a convenient system of bookkeeping.

Money should not be a commodity, as gold or silver.

Money is a legal creation.

To print money on gold or silver is like keeping accounts on plates of gold or silver.

Account books are made of paper.

Money should be printed on paper.

Notes, mortgages, bonds, etc,, are printed on paper, but their value is not in the paper they are printed on, but in what they represent.

Money gets its value, not from what it is printed on, but from what it represents.

SUPPOSE a mountain of gold were suddenly discovered; what would be the attitude of the banks and the "money power" toward gold? Would they then consider the relation between products and gold an important mat-

Digitized by Google

ter? When we had discoveries of silver in our country, the money power promptly demonetized it. If a mountain of gold were discovered they would want to demonetize it, and monetize platinum or diamonds. They want scarce and dear money, so producers of real wealth, farmers, mechanics, etc., will be slaves to idle money kings.

THE gold standard keeps between three and four million men in idleness, and many more on partial employment, scant wages, and on the verge of want; a Government fiat paper money, well managed, would maintain a steady value, neither appreciating nor depreciating (gold appreciates), and by facilitating exchanges at well-maintained prices, good wages and plenty of work for everybody, all these idle hands would be called into action, and happiness and plenty would take the place of misery and want.

The railroad kings annul the protective features of the tariff at pleasure. For example, when the railroads charge more for freight on domestic goods from Philadelphia to Chicago than the entire freights on foreign goods from England to Chicago, via Philadelphia, over the same road and perhaps in the same train from Philadelphia to Chicago, what chance has the Philadelphia-made goods in the Chicago market? The foreign goods can be sold cheaper than the domestic goods to the extent of the difference in freight in favor of the foreign goods, and to that extent the protection disappears. What we want is uniform freight rates for similar service; and the rate should be, not the value of the service, but the *cost* of the service plus a reasonable profit.

ALL this gloomy winter the coal miners in Pennsylvania have been suffering for food, and the farmers in Kansas, Nebraska and other parts of the West have been burning their corn in order to keep warm. But this winter has been no exception, for the same thing occurs every winter. And what are the railroads doing? Charging "all the traffic will bear" instead of the cost of the service with a reasonable profit added. If we had Government railroads no profit need be added. A public utility like transportation should be conducted at cost by the Government for the service of the public and not for private profit. Then the corn would find its way to the starving coal miners and the coal would find its way to the freezing farmers. Shall we continue in the old way of starving one class and freezing another, or adopt a better plan that will bring food to the hungry and let them give in return fuel to the freezing. Would not that be more rational, and would not our country be better off and happier? But that would not please the speculators.

HAVE you read of the Seeley banquet in New York a few months ago? It was an extravagant, beastial and indecent orgie. The parties to the affair were a score or more of New York's "best" citizens and some hired women. These male animals voted in November for "maintaining the national honor." What do they know about honor? But those who know the least about honor talk the loudest about it! In that city at that time there were 150,000 idle workingmen yearning for an opportunity to do an honest day's work to keep themselves and their families from starving! When these things are true there is something wrong! "It is not all gold that glitters."

LET us turn from the dark side and look at the other side—there is another side. I read in *New Occasions* of Mrs. O. H. P. Belmont. She is related to the Belmont-Rothschild-Morgan syndicate, that did so much to "uphold our national honor." If it had not been for them we would have sunk into such disgrace that we could not look Spain, Turkey and other "honest money" nations in the face. Here is what this good lady, Mrs. Belmont, wore last season, and the cost:

Ten gowns for ball and opera	$3,000
Ten bonnets	950
One sealskin cape	400
Two fur muffs	150
One ear muff	129
One opera cloak	300
One opera cloak	250
Six pairs walking shoes	90
Four pairs dancing shoes	48
Four pairs kid slippers	60
Three dozen long gloves	360
Four dozen gloves for driving and walking	144
Ten tea gowns	2,200
Six dressing gowns	500
Three riding habits	400
Fourteen corsets	420
Twelve pairs silk stockings	60
Four dozen pairs lisle stockings	144
Two pairs bedroom slippers	20
Four suits silk underwear	120
Ten suits woolen underwear	200
Lingerie	1,500
Four dozen handkerchiefs	45
Three dozen handkerchiefs	36
Two dozen handkerchiefs	48
Two dozen handkerchiefs	36
Toilet articles	1,000
Ten gowns for walking and driving	1,000
Three bath robes	160
Three fans	75
Three pairs riding boots	75
Two bicycle suits	300
Two traveling outfits	200
Two winter wraps	200
Two winter wraps	150
Three skating outfits	275
Trimmings, ribbons, etc.	300
Four umbrellas	48
One sable-trimmed wrap	1,000
Three dinner gowns	1,200
Two evening cloaks	800

Digitized by Google

One dozen veils	150
Jewelry	5,000
One fur wrap	800
Two fur boas	200
Two morning gowns	200
Three sleighing outfits	400
Three theater costumes	300
One fancy dress ball costume	300
Six pairs overshoes	6
Total	$25,749

THE wives of country doctors must get along the best way they can. They don't "maintain the national honor;" while those who do so must have fine clothes to do it in. But, candidly, which do you think is the most *useful* woman, Mrs. Belmont or your wife? Did Mrs. Belmont or her husband *earn* the money to buy the above list of clothes? You earn the money to get your wife's clothes, don't you? I know the lot of a country doctor. During these hard times, when people cannot pay, he earns the money several times over, and then doesn't get it.

Some make "maintaining the public honor" pay handsomely. Would they do it if it didn't pay? Did you ever think of that? And who pays them? The system that they maintain (do you help them maintain it) robs every producer. It makes money dear, and men and the products of men's labor cheap. The bills that you can't collect have gone to help pay for Mrs. Belmont's expensive wardrobe; but your wife can wear her old clothes.

THESE people have a good time, plenty of money, plenty of clothes, fine houses, horses, carriages, etc. No hard times for them. But their taxes must be heavy, you think. Not much! Looking over the assessors' list in our large cities is very interesting. For example, according to the assessors' list, there is not a millionaire in Chicago. Elegant, expensive pianos are assessed at $150 or less, fine horses at $50, or even $25; other things in proportion. And when it comes to stocks, bonds, notes, mortgages, etc., the wealthy hide them and "lie out of it." A few years before Jay Gould's death, his assessment was raised from $250,000 to $500,000, against his vehement protest; at his death his estate was valued at seventy millions! The Kansas Legislature has had before it an ingenious bill to catch tax liars I hope it will become a law in every State. It provides that all notes, mortgages and other securities shall be stamped each year by the assessor, the stamp showing that the same has been duly assessed. Any note or other security coming into court without the assessor's stamp shall be declared void. Another good way is for each man to assess himself, no questions being asked. But at his death anything belonging to his estate not assessed shall be turned over to the State as a probate fee; if anything is undervalued, the difference between this and the real value to be claimed by the State. If this were done, how the assessors' lists would swell! for no man would want to run the risk of his heirs losing a large part of the estate. We want some good, healthy honesty among our rich. If the church can't put it there, let the law try it.

C. F. T.

☞ *Cut "Our Monthly Talk" out every month and have it published in your local paper.*

Reviews.

THE medical profession is indebted to Mr. W. B. Saunders, the medical publisher, for a number of excellent books during the last few years. One of the best appears annually. It is:

THE AMERICAN YEAR-BOOK OF MEDICINE AND SURGERY, edited by Dr. Geo. M. Gould. The issue for 1897 is now before us. It is a handsome volume of 1,257 pages (think of it!). It is "a yearly digest of progress and authoritative opinion in all branches of medicine and surgery, drawn from journals, monographs and text-books, of the leading American and foreign investigators." Dr. Gould has a large and distinguished corps of collaborators in this work. It is divided into convenient departments, and contains twenty full-page plates and a number of smaller illustrations. It is an exceedingly useful and valuable work. Price, cloth, $6.50.

ANOMALIES AND CURIOSITIES OF MEDICINE. This is the medical "old curiosity shop;" 968 pages of wonders and curiosities from the earliest ages to the present time. The "side show" and dime museum "freaks" are classified and illustrated. All kinds of anomalies, rare cases, malformations, etc., are here presented. Don't take this book up when you have much to do, for you will be liable to neglect something. It is intensely interesting. It is edited by Drs. Geo. M. Gould and W. L. Pyle, and published by W. B. Saunders, Philadelphia. Price, cloth, $6 net.

ESSENTIALS OF PHYSICAL DIAGNOSIS OF THE THORAX; by A M. Corwin, A.M., M.D., of Rush Medical College; published by W. B. Saunders, Philadelphia; second edition. Price, $1.25, net. This is a little book of 199 pages. It is a very useful hand-book upon the subject covered.

Wit and Wisdom.

I WAS the only passenger in the car. Midway on the block another came in. His hat was crushed and his clothing daubed with mud. For a long time he sat in gloomy meditation. Then he hitched up toward me and said: "I guess I'm the dodrottedest fool running loose in this town." "So?" I said. "Yes, sir. I ain't got sense enough to be let go without a guardian. See that car up ahead

Digitized by Google

there?" I did. It was half a dozen blocks away. "Waal, sir, I run like sixty for more'n a block to ketch that car." "Couldn't catch it, eh?" "Yes, I could. That's the trouble. I did ketch it, an' I gin the conductor a dime on the hind platform, an' he gin me a nickel change. Then somehow I up an' dropped the nickel overboard. I hollered to the conductor to stop the car, but he wouldn't do it, so I ups and jumps off backwards. Look a' my clo'es. When I got up that car was out o' reach, so I had to wait for this one." "Did you find your nickel!" "Oh, yes; found that right enough. Lost my car, split my clo's an' skint my back just for the gratifyin' privilege of pickin' up that doddeen nickel an' givin' it to this conductor. I used to think Bill Thompson was the dingedest fool agoin', but I guess I'm clost onto him." "What did Bill do?" "W'y, don't you know? Bill's dog got his head stuck in a pitcher, an' Bill cut off the head to save the pitcher, and then broke the pitcher to get the head out."

Now that spring is coming, "brace up" your little ones with Imperial Granum. Hot weather goes hard with them. Make them strong before the depressing heat comes.

Cook County Hospital,
Administration Building.
Chicago, Dec. 31, 1896.

FRANK S. BETZ, KELLEY & CO.,
269 Dearborn St, Chicago, Ill.

Gentlemen—At my request the "Betz Baths" were ordered for the Wards of the Cook County Hospital, and they have given entire satisfaction.

I have no hesitancy in recommending these baths to everyone.

Yours truly,
T. A. DAVIS, M. D,
Pres. Medical Board C. C. Hospital.

DID you call at your druggist's as we suggested last month, and crush some Upjohn's pills? If not, do it to-day, and see how easily it is done.

Now for cases of spring fever. Give them Fellow's hypophosphites. That will energize them. Don't neglect your convalescents.

The little maid had been ill, and had struggled through the early stages of convalescence. She had taken "nourishing" broths and "nourishing" jellies until her soul was weary within her. One morning she electrified the family by sitting bolt upright in bed and saying; "I want you all to take notice. I am not going to take any more nourishment. I'm hungry, and I want my meals, and not another mouthful of nourishment will I eat." —*Practical Medicine.*

DR. T. M. BAIRD, of the Medical and Surgical Staff of the Hot Springs, Ark., City Dispensary, writes.

"For the past year I have used Campho-Phenique Powder as a surgical dressing, in private and dispensary practice, and consider it the best antiseptic and germicide on the market. It is put up in the most elegant and convenient manner imaginable, and is in every way satisfactory.

Go to the marrow of the subject—that is, give Carnogen, made of red marrow. See beneath contents.

SEE top half of third cover page.

WHEN you use antitoxin, use a *domestic* product—Mulford's. It hasn't taken a journey across the sea to get to you.

USE Listerine.

WHEN you use ergot, use the best form of it—Sharp & Dohme's ergotole. It does not irritate if you want to give it hypodermically, nor does it nauseate if you give it by mouth.

HAVE you sent an order for Dr. Waugh's book? Send to Alkaloidal Clinic, Station X, Chicago, Ill.

DR WILLIS H. DAVIS, Keokuk, Iowa, for instruments in the west. See his advertisement. Geo. C. Frye, Portland, Me., for instruments in the northeast See his advertisement. Isaac Phillips, Atlanta, Ga., for the south. See his advertisement.

Do you know what Zumo-Anana is? If not, send postal to Zumo Pharmacal Company, St. Louis, Mo, and see what it will bring.

DON'T let those consumptives die without trying petroleum emulsion (Angier Chem. Co., Boston). Better begin, though, in the early stage while there is some chance for cure.

PHYTOLINE and Pineoline. See handsome adv. and send for samples.

STEWART'S "S. G. P. O." has been with us for many years, showing that doctors use pile ointment, and that this one is satisfactory. See adv. and send for a sample.

TEUTONIC is easy to remember as a malt tonic. It will not be disappointing.

"I RECEIVED the sample of Unguentine you so kindly sent me some time ago, for which I wish to thank you. It has remarkable healing powers without any irritation; indeed, it can be used on even the tender skin of an infant without harm. I can most cheerfully recommend it as a splendid local dressing, and shall continue to use it."—DR. S W. BRYAN, Layton, Pa.

SEE list of "standard remedies" on page iii, this issue, and write for further information and samples.

APENTA is a natural Hungarian bitter water, an unexcelled tonic aperient. Try it particularly for delicate patients; and it does just as well for the strong.

As a tonic during and following grip, we took Freleigh's Tonic, and found it wonderful. Those who think it an ordinary tonic do not

Digitized by Google

take into consideration the free phosphorus in solution. That makes it different from any other tonic in existence, for Mr. Woodruff is the only pharmacist who can accomplish this pharmaceutical feat. The phosphorus takes hold of the latent energies and infuses new life. It is an ideal tonic, and different from any other.

WE lead the world in many things. One of those things is the artistic and ingenious manufacture of artificial limbs. Write to A. A. Marks, 701 Broadway, New York, N. Y., for catalogue of "the world's greatest artificial limb manufactory."

WHEN you order malt, order the best—"Braunschweiger Mumme." It is no dearer, and much better than other malts.

SAVED at the eleventh hour is better than never. See advertisement of Paris Medicine Co. and see how it was done.

"I have found Resinol an excellent preparation for skin affections."—F. D. Clum, M. D., Cheviot, N. Y.

"Resinol is a wonder-worker; it acts marvelously."—J. H. Drawbaugh, M. D., Robesonia, Pa.

STRICTLY PROFESSIONAL.

Section 9—And it is further agreed between Dr. A. Gude & Co, party of the first part, and the M J. Breitenbach Co, party of the second part, that if at any time the said M J. Breitenbach Co. should, by device or by advertising, attempt to increase their business in Gude's Pepto-Mangan other than through the recognized channels to the medical profession, then, in such event, this Contract is to become null and void, and all rights of the M. J. Breitenbach Co existing under this instrument immediately become the property of said Dr. A. Gude & Co. without recourse to law.

HAVE you sent for P. D. & Co.'s catalogue for constant consultation? If not, do so *to-day*.

GET a glass of water and try the solubility of Warner & Co 's pills, as per illustration in their adv. Send to them for their prescription blanks, visiting memoranda, etc., free.

HAVE you tried Micajah's uterine tonic wafers?

SUPPORT for weak places—Flavell. See his illustrated page and send your order. They have proven their worthiness of your orders.

THE best hemetic is made from blood, but it is not disagreeable take; is perfectly aseptic, and easily assimilable—Bovinine.

PHILLIPS' for instruments. Write.

AN exhaustive report by the well-known physiological chemist, Prof R H. Chittenden, of Yale, would seem to justify the claims set forth by the American Ferment Company regarding their new vegetable digestive agent, "Caroid." This report shows the digestive activity of Caroid in various mediums and in comparison with other well-known digestive agents. It would seem that Caroid, which is a highly concentrated extract from the Paw paw plant, is not restricted as to class of food medium or combination with other drugs so far as its activity is concerned. This is a matter of decided interest to medical practitioners. We are glad to see that the price of this new Ferment does not make its general use prohibitive.

DR. RICHARD LENSCHNER, of Mt. Clemens Mich., offers to send free to physicians a neat booklet of 54 pages, describing the mineral waters of that place.

DO you ever think to have your patients to use bread made from entire wheat flour? It is not a "coarse food," intended for people in whom the animal elements predominate; there are some persons of the most finely organized temperament that feel that they could not live without it. Many more, particularly brain workers, would not be without it if they would use it awhile.

THERE are many ways of killing. Antiseptics kill microbes in various ways. Hydrozone destroys the food they feed on, hence they die, and then they are oxidized by the purifying hydrozone. Cleanliness is the first law of surgery now, and hydrozone seeks out particles of debris and pus from the remotest corners, out of reach of the sponge, and hence the kind and rapid healing under its influence.

JUSTIN HAYNES, M. D., Western Springs, Ill., says: I have a patient in my Sanitarium who has scanty and painful menstruation; she is now taking her third bottle of Aletris Cordial with marked beneficial results. I have prescribed it for a number of patients outside of my Sanitarium, and consider it a very valuable remedy for the conditions for which it is recommended.

PNEUMONIA IN CHILDHOOD.

The high temperature so frequently present in pneumonia in children is not only a danger signal, indicating an extension of the inflammatory process, but is of itself attended with such serious consequences as to demand prompt intervention. The injurious effects of prolonged pyrexia are especially manifested upon the circulation and nervous system, as evidenced by the rapid and feeble pulse, the delirium, stupor, etc. While with some authorities the cold bath has met with favor, its inconvenience, the danger of shock, the prejudice of the laity have practically restricted its employment in hospitals, and the vast majorities still make use of one of the antipyretic drugs. No better test of the safety of any antipyretic can be afforded than its action in the pneumonia of children, and it is in this class of cases that phenacetine has proved decidedly superior to all other drugs of its kind. Although yielding in efficiency to none as a

(*Continued over next leaf.*)

Digitized by Google

The Medical World

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World.

C. F. TAYLOR, M.D.,
Editor and Publisher.

Subscription to any part of the United States and Canada, ONE DOLLAR per year. To England and the British Colonies, FIVE SHILLINGS per year. Postage free. Single copies, TEN CENTS. These rates must be paid *invariably in advance.*

We cannot always supply back numbers. Should a number fail to reach a subscriber, we will supply another, if notified before the end of the month.

Pay no money to agents for this journal unless publisher's receipt is given.

ADDRESS ALL COMMUNICATIONS TO

"THE MEDICAL WORLD,"
1520 Chestnut Street,
PHILADELPHIA, PA.

VOL. XV. MAY, 1897. No. 5.

A Mineral Spring Practice at Home.

You have frequently sent patients to watering places to drink the water of a special mineral spring, and they have come back cured or greatly benefited. You have frequently wished to send poor patients to similar places, but they could not afford it. Out of season for watering places (in winter), or when your wealthy patient could not well go away, you have ordered the free use of the same water in bottles, with good effect. Did you ever examine closely and critically into the modus operandi of these cures?

When a patient reaches a mineral water health resort, he is examined by the resident physician and ordered to drink certain quantities of the water at certain times during the day; this is increased from day to day until the maximum quantity needed is reached. He is ordered to drink one or two glass-fulls upon rising, two or three glasses between breakfast and dinner, the same quantity in the afternoon, and a couple of glasses before going to bed. The patient is urged to take it whether he wants it or not. He may say that he is not thirsty, but that makes no difference; he must take it as a medicine. The quantity is increased until we have known thirty glasses per day to be taken. This ceases to seem extreme when we remember that we have heard young fellows boast that they have drank fifty glasses of beer in a day.

A part of the benefit derived is because of the rest and change of scene; a part, perhaps, is from the small quantity of the salts of lithia and other bases contained in these waters (we are not speaking of cathartic or calybeate waters), but the benefit from this source is very slight. *The secret of the cure is in the quantity of water taken.* If the water be pure, free from organic matter, and taken in sufficient quantity, the results will be substantially the same, regardless of the "traces" of lithia, and small quantities of sodium chloride and other salts. You can perform these cures at home with the ordinary drinking water, if of good quality, if you will require the patient to take it in the same quantity as at the springs. It is very easy to add lithia if desired; but you must not lose sight of the fact that the quantity of *water* (not lithia) taken is the important thing. It acts by flooding the kidneys; by washing out the bladder with a copious, bland and dilute urine; by unclogging the liver and clearing the brain. The patient feels better from day to day; he *is* better. Irritable bladder is relieved, the

Digitized by Google

kidneys act freely—are "washed out"—and many effete substances are carried out with the flood; this clears the way for the liver to act freely and normally, for there is an intimate relation between the liver and kidneys. The kidneys are often blamed when the fault lies with the liver. The kidneys must excrete products that a deranged liver is responsible for, and they often break down in the effort. Plenty of pure water makes their task easier, and helps to remove the trouble in the liver. Realize the fact that it does not require any special and expensive water, but any pure water will do this if taken in sufficient quantity. We cannot boast of our Schuylkill water here in Philadelphia, but if taken in sufficient quantity it promotes diuresis, relieves an irritable bladder, etc., substantially as well as any other water.

If you will bear this in mind and put it into practice, it will be worth much to you. Many of your "chronics" of various kinds can be greatly benefited by the free use of water at home. Filter or boil the water if necessary. In some cases you must resort to strategy, for some patients will not appreciate the importance of taking only water. You can leave a placebo consisting of small sugar globules or powders of sugar of milk or chloride of sodium with strict directions to take one every two hours dissolved in a glass brimming full of water. The dose before each meal (about half an hour before the meal) might be taken as hot as can be borne.

Patients who need saline waters to act on the bowels can take a teasponful of sulphate of magnesia or other saline as needed, dissolved in plenty of water, as well at home as at "springs." Calybeates and salines may be combined when desired, and with a little ingenuity you can do a good mineral spring practice at home, and give even your poorest patients the benefit of the same.

Not Charity, but Justice.

We are receiving some communications from our patrons in the flooded districts of the Mississippi valley, stating that owing to this calamity they are unable at present to send their subscriptions as usual, but hoping that they will be able to in the fall, when they will gladly join our "family" again, and hoping that we will then be able to furnish to them the back numbers that they will miss in the meantime. These have been answered saying that no one under such a visitation and who expresses a wish to receive THE WORLD need be without it; that we will continue sending THE WORLD right along without a thought of compensation while they are suffering from such a disaster. These communications have caused us to think more deeply than ever before concerning our duty toward those who are visited by such a calamity. Floods, droughts, etc., can neither be foreseen nor prevented. The losses caused by such visitations should not be entirely borne by those who happen to live in the flooded or drought-stricken districts. We who are spared and safe owe something to those who have lost all through no fault of theirs. It seems to us that we owe what we can do in our special line to our unfortunate brethren in these districts. So we will say that all physicians in those districts who have become unable, because of the floods now or recently devastating parts of the Mississippi valley, to purchase needed medical literature, can have THE MEDICAL WORLD free of charge until they shall have an opportunity to get on a paying basis again—say for the remainder of this year.

The above statement may not reach the eyes of many of those who would be benefited by the same, so all are requested to please aid in having this information reaching those that it interests most.

Some may think that those who have the misfortune to be burned out should be classed with the above. No; for those who have property and neglect to have it properly insured should not be helped on account of a condition caused by their neglect. Also many may think that those suffering from hard times, low prices, depressed conditions of business and trade, for which they are not personally responsible—in fact, having done all in their power for a better condition of things—should be given the same advantage as those suffering from a calamity of nature. No; for we all suffer from these causes and we are collectively responsible for them; so each must bear

Digitized by Google

his share until we can succeed in changing conditions for the better.

The destruction of the timber of a country leads to alternate floods and drouths. Floods, because in a denuded country there is nothing to retain the moisture when rains come, and by the rapid flow of the water from the surface, the brooks and rivers are rapidly swollen, resulting in channel-cutting torrents and destructive floods. In such a country the sun rapidly dries the exposed surface, and drouth ensues. In a timbered country, the myriads of roots hold the moisture, allowing a gradual flow, which feeds gentle but constant streams; and the verdure, by evaporation, gives back much of the moisture to the atmosphere. Assyria and Arabia were made deserts by the unwise removal of timber; and Italy, Spain and France are suffering from the same cause. The French government is now trying to repair the damage done by planting the mountain slopes with trees again. We should preserve the timber on our hill-sides and vast mountain slopes, and escape the fate of the countries just referred to. The vast timber reservations made by executive order near the close of President Cleveland's administration was one of the most important public acts of recent years. A tariff on lumber saves Canadian timber and destroys ours.

Hyper-sensitiveness and Meagre Ability.

We frequently receive articles for publication that are poorly written, poorly composed, poorly conceived, and containing scientific errors, and yet containing the germ of a good idea. We are frequently tempted to return such manuscripts with suggestions as to how to study, observe and experiment, and finally develop the idea in good and creditable shape. If the man at the other end is of the right kind of material, if he is devoted to science in the true sense, if he can bury himself in his thought and work, he appreciates such suggestions, and the final result is a very creditable and satisfactory production. We bring to mind one case in which the article was returned three or four times; but by perseverance and work it was finally made a very good article. But we are sorry to say that most of the writers of imperfect and immature articles have abnormally thin and tender skins. They are hypersensitive and egotistical. In perhaps nine-tenths of these cases the man at the other end is offended at the thought that his work is not perfect. We have been compelled to observe the fact that such hypersensitiveness and meagre ability usually — perhaps invariably — go together. It is well known that arrogance and ignorance are companions; and we have occasion to observe every month that modesty and ability are companions. So uniform is this rule that whenever we receive an article with a private letter accompanying requesting us to have no hesitancy in throwing the contribution into the waste basket if not found worthy of publication, we at once conclude that the contribution from such a modest man is certainly worth publishing, and almost invariably we find this to be true. Our best contributors are the most modest.

OUR complaints of failure of THE WORLD to reach its destination, are usually repeated by the same subscribers. It seems difficult to get THE WORLD to some of our readers. In many of these instances it is impossible to account for this trouble excepting upon the theory that some one appropriates THE WORLD before it reaches its destination. This is a compliment to THE WORLD, but an inconvenience to our subscribers and ourselves. However, if our subscribers will not become discouraged, and always inform us within the month if their WORLD fails to reach them, we will always supply another copy. We are as much interested in having WORLD reach our subscribers as our subscribers can be in receiving WORLD. We do not wish any one who desires it, and pays for it, to miss it. We would rather lose a dozen numbers than have a subscriber miss a single number. So persevere, and we will do the same. If THE WORLD were not so interesting we would not have this trouble. For years we have had patrons who have received other publications without difficulty, but THE WORLD was frequently missed. The trouble is not here at this end. Please do not get tired writing for missing numbers, and we will not get tired supplying them.

Digitized by Google

Original Communications.

Short articles on the treatment of diseases, and experience with new remedies, are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month for publication in the next month. Unused manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

READ. REFLECT. COMPARE. RECORD.

Cocaine Addiction.

Editor MEDICAL WORLD:—I have been searching recently for records of cocaine addiction, and have been disappointed to find so little in print upon the subject. There must be a good many cases, and if each one who has met with these would put them on record it would be of great advantage to us all. While I have been treating drug habits for ten years, I have rarely met with cases of purely cocaine addiction. In nearly every instance those who had previously taken morphine simply added cocaine to their list of accomplishments or vices. It is generally stated that drug-topers increase their doses, because as they become accustomed to the drug, it requires a larger dose to produce the desired effect; relief, sleep or euphoria. But the vast majority of those I have questioned upon this point have admitted that this was not the case, but that they increased the dose in order to procure more of the effect, more euphoria especially. There seems, however, to be a limit in regard to the extent to which morphine can be pushed, and beyond that point the habitue cannot go. Usually he stops at about fourteen grains per diem, and at this point he will remain for years. But as he still wants more euphoria, he seeks for other agents to produce it. One man told me that, having made up his mind to come into my house for treatment for the morphine habit, he thought he might as well have all the comfort he could in the meantime, and so he started the use of cocaine. But usually the cocainist says he really does not know why he takes it, as there is no special benefit derived. And if well-advanced in the habit he lies about it, denying its use altogether, even when he is paying for a cure.

The cocainist is peculiar in his manner of using the drug. He makes up a little vial of solution, and of this he injects a few drops, repeating the operation almost incessantly. He reminds one of the boy who sets off his fire-crackers one at a time to get a large number of little pops. The cocainist is careless to the last degree. He takes not the slightest precaution to keep his syringe in an aseptic condition, but mixes up his drug with anything that will flow through the short needle of his syringe, and injects solution, dirt and air into himself anywhere, through his clothes, unless he hunts around for a vein into which he can inject it in order to secure prompter effects. He never loses an opportunity to provide himself with more syringes and needles; so that it is not uncommon to find him with dozens of syringes and hundreds of needles in his possession. He is covered with sores, the result of his slovenly methods; but these he cultivates, as they serve as excuses for obtaining cocaine. He is peculiarly restless in his demeanor, never still for a moment. He sits down, crosses one leg over the other, reverses them, clasps his hands over his knee, hangs one arm over the back of his chair, twists about until his legs are over the chair-arm, gets up, walks about, sits down again, and goes through numberless other alterations of posture in the space of a minute. He gets out his syringe and takes an injection while conversing with you, apparently unconsciously, so mechanical or automatic has the action become.

The effect upon the bodily health is difficult to determine, as these cases are, as I said before, usually old morphine habitues. But with the advent of cocaine the progress downwards is accelerated. The emaciation goes on more rapidly; the complexion becomes pale or cachectic; the physical activity is lessened, so far as useful work is concerned; the appetite and digestive capacity are decreased. One singular effect is to increase the daily use of morphine,

Digitized by Google

since the victim can take a dose that would ordinarily put him to sleep and then keep himself awake with cocaine. But as to the permanent effects upon the tissues or functions of the body caused by cocaine there is scarcely any information extant. So far as gross, macroscopic lesions are concerned, none have been as yet proved. But my own observations go to show that cocaine does not obtain the disastrous control over tissue metabolism that makes life so hard to the morphinist without his drug. When morphine is discontinued the cellular functions are performed so sluggishly that toxines accumulate and the body-temperature becomes subnormal, while an indescribable oppression and profound melancholy pervade every fibre of the victim's being. I have observed nothing of the kind with cocaine. On the contrary, when this drug is withheld there is a general nervous hyperesthesia present. The slightest prick of the hypodermic needle, an injection of warm, normal salt solution, absolutely unirritant, is followed by the most exaggerated complaints of agonizing pain, of the torments of the damned, which are kept up for days, when not the slightest external evidence of the injection is to be seen.

And in recording this symptom of cocainism, we pass to the consideration of the effect of this drug upon the mental and moral nature of the habitue. There is no question here as to the pernicious character of its influence ; and I unhesitatingly pronounce cocaine the most disastrous in its effects of any habit-drug I have as yet studied. It destroys the soul. In using this term, I follow Garretson, who described man as of a three-fold nature, consisting of the body, the ego and the soul. The body, the Rupa of the Buddhist, is the material, which is dropped at death ; the soul, the Buddhist Atmi, is the divine part, which at death returns into the Godhead if this is lost to its possessor ; and the Ego, the individual himself, who lays aside his body, and keeps or loses his soul. Now in the worst confirmed cases of cocaine addiction that have come under my observation, the soul is gone; the moral consciousness is dead ; the sense of obligation to do right has been extinguished. The cocainist is depraved ; he will take and break the most solemn obligations without compunction. To his dying day the morphinist's soul rises unconquered above the influence of the fiend which enthralls him. He struggles against the overmastering influence, and bitterly laments his degradation ; he is sensible of his obligations as a man, a husband and a father ; and the suicide which so often ends his career is the last protest of an unconquered will, the final effort of the slave who, unable to free himself, seeks death rather than continue to live in bondage. Under the fierce craving for morphine he will lie, steal or murder to obtain his necessity ; but he will suffer for his crime.

Nothing of this sort is to be found in the cocainist. He has no moral sense ; he has no sense of responsibility, no manly interests, no love for his family, no religious principle, no shame. He will lie for the pleasure of lying, and steal needlessly. I have exhausted every appeal that can be made to the better nature of man, and have not found a fibre of the heart that would ring true. There is nothing to build upon. He presents the semblanee of manhood, but the soul is dead. Trust his honor and he chuckles at your gullibility. Bring squarely before his face the proof of his deception and oath-breaking and he has no blush of shame, no compunction. He simply laughs, and begins to devise a new scheme to obtain his drug, in which he displays much ingenuity.

One of these men came down one morning holding his jaw, saying he had the toothache. The doctor offered to treat it, but the man said he would rather have it out. So a nurse took him to the dentist, where the following conversation took place :

"Can't you give me something to prevent pain ?"

"Yes, I will give you gas."

"But I can't take gas."

"Then I'll inject cocaine into the gums."

"All right, go ahead."

"How is that ?"

"There is not enough to prevent pain."

"But the gum is so full the solution is oozing out."

"Then put some in the other side."

"Now the other side is full."

Digitized by Google

"Then inject a good slug in my arm."
"Are you ready now?"
"Yes; go ahead."
"Which tooth is it?"
"Oh, I don't care a d—n. Pull any one you wish."

And so the moment he had his cocaine-hunger satisfied he dropped the deception without the smallest thought for a future supply, confident of his ability to obtain it by some other method. This man had had nearly all his teeth extracted in this way.

When the later stages have been reached there are certain phenomena present. The delusion of parasitic infection is manifested. The man believes he swarms with parasites. He examines little bits of epithelium with a magnifier and is sure they move. Still later come the delusions of persecution. He is hounded by enemies, harried by his relatives, and sometimes applies to the police for protection. Sometimes his stories have a certain plausibility and occasion great annoyance to those whom he selects as objects of his delusions. Or, he believes himself a criminal and accuses himself of atrocious crimes, wholesale butcheries. Suicide often ends his days, but not as with the morphinist, to break his chains, but to escape from his pursuers. Still more frequently death results from overdoses of some drug; for if he has not access to cocaine enough he will take anything stupefying in his reach, and that in the most reckless manner. One of these men attached a rubber tube to the gas-jet and conveyed the gas to his bed, covered his face with the clothes and inhaled enough to stupefy him without the least regard to the danger.

Are such men curable? It depends on the degree to which the moral degeneration has progressed and on the means employed. If enough manhood is left to induce the patient to seek relief, there is a good prospect of cure, and the danger of relapse is much less than from morphine. But if he does not want to be cured, the only chance is in strict confinement for a long period. Whether the moral sense can be restored when once lost is doubtful; but from the absence of permanent physical changes from cocaine it seems fair to expect some degree of recovery even here, if enough time is given. But in the treatment no opportunity must be allowed for obtaining cocaine. Morphinists can be given their drug with permission to take it if too hard pressed on the sole condition that they shall inform the physician if it is taken; and this trust is never, or but very rarely, misplaced. But the cocainist must be watched every minute, night and day, by incorruptible attendants, for at least two weeks, and longer in bad cases. Beyond this the treatment is singularly easy, painless and satisfactory.

I will close with a word of warning to physicians as to the use of cocaine themselves and for their patients. No man knows whether he is safe from the allurements of the drug until he has tried it, and when he has made the trial he cannot stop himself if he should prove liable to the habit. Never give a patient cocaine in such a shape that he will know what he is taking or be able to supply himself without your aid. Disguise the drug and dispense it yourself. Never use it for asthma, hay fever or any other affection for which it is only palliative and not curative. And discourage in every way the use of catarrh snuff and other nostrums that contain cocaine.

WILLIAM F. WAUGH, M. D.
103 State St., Chicago.

Antitoxin in Diphtheria — Reply to Doctor Lockhart.

Editor MEDICAL WORLD:—In the April WORLD, page 141, Dr. Lockhart asks why should he use antitoxin in the treatment of diphtheria. He labors under an error regarding the province of the bacteriologist. While he has been laboring clinically the bacteriologist has been experimenting in the laboratory. The bacteriologist does not diagnose diphtheria, but he aids the physician in making the diagnosis conclusive. To be as brief as possible, I will say that bacteriology has fully determined that the Klebs-Löffler bacillus is found in all cases of true diphtheria. All the other bacteria found associated with it have nothing to do with producing the disease, as they are found also in other diseases. The streptococcus is found in all phlegmonous inflammations.

The "Löffler bug" is an expert in getting ahead of his relations. This is

Digitized by Google

not a gratuitous assumption. If the doctor will, with his next case of diphtheria, take a little portion of the membrane and place it in a test-tube, on the white of a hard-boiled egg, he will find that the Löffler bacillus will grow rapidly and can be determined in twenty-four hours under the microscope. The streptococcus will not grow on white of egg. The bacteriologist has thus enabled us to diagnose early, without the guinea-pig or without being a blockhead.

Do not fear of being prosecuted for malpractice in administering antitoxin in a case which, we will say, does not prove to be true diphtheria. *Antitoxin, if pure and from healthy animals, cannot produce a fatal result.* The reasons are, first, that it is a something generated by the human organism to antagonize or antidote the toxin poison of the Löffler bacillus. Secondly, any and all drugs are antagonistic with the human organism, and, if given in sufficiently large doses, will produce a serious or fatal result. Antitoxin, being produced by the human organism, is not a drug, and therefore cannot act as a drug in producing a serious or fatal result. Serious or fatal results in using antitoxin are due to lack of cleanliness, an impure article, or improper methods of administration. Antitoxin will immunize individuals exposed to diphtheria as vaccination will prevent small-pox.

Doctor, do you always *wait* until you are *sure* of your diagnosis before administering your remedies, dangerous or otherwise? In your statistics you give a mortality of 6.3 per cent. where antitoxin was administered the first or second day. Where it was administered later you give a higher mortality, this mortality growing larger as the number of days before applying the remedy increase. This is easily explained. The first or second day the toxin poison is small in amount and is neutralized by the antitoxin administered. As the days go on the bacilli increase rapidly and the system contains a large amount of toxin poison. Antitoxin is administered, but it is too late in many cases. Too small an amount is used, or the system is so impregnated with the poison that the patient cannot rally.

Your statistics teach, therefore, to make your diagnosis early, either clinically or bacteriologically, or both, and apply your remedy *at once.*

I know not what your mortality has been in diphtheria. I am sure, however, that if you will, in the future, administer antitoxin in all cases of diphtheria as soon as you make your diagnosis, your mortality will be much less than under the treatment you are now using.

Use antitoxin boldly and fearlessly. A mild case requires less antitoxin than a severe one. Watch your patient, especially the temperature. If the temperature declines to normal, enough antitoxin has been used. If it should decline to a point and remain stationary for ten or twelve hours, administer more antitoxin. I am only a practicing physician, like yourself, but I believe that bacteriology, the brilliant morning star of medicine, has burst the clouds of ignorance and quackery in the zenith of scientific glory.

A. J. HUNT, M. D.

Hamilton Square, N. J.

The Sulphur and Charcoal Treatment of Diphtheria.

Editor MEDICAL WORLD:—In a communication which appeared in THE MEDICAL WORLD for January 1895, I gave the results of my experience with the sulphur and charcoal treatment of diphtheria from June 22, 1894, to December 1, 1894. There were 25 cases, and all recovered. From December 1, 1894, to March 31, 1897, I have recorded 126 additional cases, and have had the same number of recoveries. Not having seen any reports from others as to the treatment named, I infer that it has not appeared to your readers to be a good one and worthy of trial. I have refrained from any further communication upon the subject, not wishing to occupy valuable space with remarks upon an uninteresting topic. The efficacy of antitoxin as a remedial agent does not seem to be determined. The sulphur and charcoal treatment having shown perfectly good results in my practice, I have concluded to give my later experience with it, hoping that it may prove equally satisfactory to other practitioners. It is not an attractive treatment; its appearance does not commend it to the patient; it is apt to cause disparaging remarks in

Digitized by Google

many instances; it soils the hands and clothing with which it comes in contact; but these disadvantages are lost sight of when it begins its curative effect upon the Loeffler—or any other—bacillus which causes an exudation upon the tonsils. Charcoal is an old product dating from the time that combustion first occurred. Sulphur is also very ancient, being coexistent with the creation. There are various biblical references to brimstone, which indicate that it was regarded with consideration in early times. The antiquity of the remedies being undoubted, the arguments so frequently used against antitoxin and other new products cannot be used against this combination. The combination of sulphur and charcoal in the form of gunpowder, having been so destructive to the human family, its utility as a remedy for human ills should counterbalance in some degree its evil reputation.

My 151 cases varied from the mildest to the severest forms. All had the characteristic exudation upon the tonsils, painful deglutition, enlarged cervical glands, and more or less fever. My practice is chiefly among persons residing in the country (Ladiesburg being a village) and I am compelled to carry my medicines with me when visiting patients. The sulphur and charcoal mixture is prepared as follows: I put 9½ ounces of water into each of two glass stoppered bottles, each holding nineteen ounces. Then add 95 grains of finely powdered ordinary flowers of sulphur to each bottle, and shake well. A two ounce tin box holds 180 grains of pure willow charcoal when level full. This box is filled once and nearly full the second time for each bottle, making 342 grains of charcoal, which is easily introduced into the bottles by means of a funnel. The bottles are well shaken, and simple syrup added to fill them. I have two mailing cases with screw tops containing vials holding four ounces. These are nearly filled with the mixture, the corks are tied in with a strip of oiled cloth, and the cases placed in my buggy or cart, in compartments keeping them in an upright position. (These precautions are taken because in February 1895, a ten-ounce bottle of the mixture was broken in my overcoat pocket, and caused me to have a very uncomfortable experience). The treatment consists of the above mixture and a gargle. For the past year I have used for the latter an antiseptic compound prepared by Wm. Smith & Co., of York, Pa., containing thymol, benzoic acid, boracic acid, borate of soda, gaultheria, etc. Two ounces of this compound are added to enough water to make a pint. For an adult a teaspoonful is held in the mouth for ten minutes, and then ejected. Then a teaspoonful of the sulphur and charcoal mixture (the bottle having been well shaken) is taken in the mouth, held for ten minutes and swallowed. A rest of ten minutes follows, and then the whole process is repeated until improvement occurs. In most cases a few doses make a marked improvement. In others the treatment may be required for days. In October last one of the worst cases I had, a girl six years old, received the medicine every half hour for four days and nights. The father and mother were devoted in their attentions, and one of them was always on duty. During the night the gargle was retained for only a few minutes and the charcoal mixture swallowed at once, thus giving the child opportunity to sleep part of the time. The room was inadequately heated at first, and the patient had some rheumatic symptoms, which I attributed to the diaphoretic action of the sulphur. As soon as the room was kept at a regular temperature of 75°, these symptoms subsided and the child made an excellent recovery. Milk seems to be the best diet. A strip of muslin upon which a small quantity of tar has been spread, may be worn around the neck, or a strip of flannel an inch and a half wide may be worn instead. A thick bandage around the neck increases the heat of the parts involved, and is a disadvantage. Tinct. iodine externally is sometimes necessary, applied to swollen glands.

The bottle containing the mixture should be kept in a cool place, and it is well to have the cork tied in, if it is not used frequently. In my cases no other treatment has been used than that described. In November, 1894, a neighboring physician had to go to Washington City, and asked me to attend a child two

Digitized by Google

years old, having diphtheria, which had been under treatment for four days. The exudation had extended to the nares and larynx. Large doses of potass. chlor., tr. fer. chlorid., and quinine had been used from the beginning. I immediately put it upon the sulphur and charcoal treatment, but could not perceive any benefit. The child died in 36 hours after I saw it. I have not included it in my list of cases. A few patients had difficulty in retaining the medicine. At my second visit they reported that every dose of the charcoal mixture had been rejected. I advised them to swallow it and keep the lips closed for three or five minutes. They did not get the taste of the medicine, and could retain it easily. In several families the medicine had to be kept under lock and key, as the children grew too fond of it. In very young children a muslin swab on a stick may be used to apply the gargle to the tonsils every hour or two, and the charcoal mixture is swallowed at once. If the exudation has extended to the nares, they are frequently sprayed with the antiseptic solution.

Ladiesburg, Md. JOHN J. LIGGET, M. D.

Antitoxin in Membranous Croup.—Report of Two Cases.

Editor MEDICAL WORLD:—I was called on February 24th to see A. W., aged 21 months, for croup, so the father stated. On seeing the child I at once told the parents the child had membranous croup, and urged them to let me use antitoxin, as that was the last resort. The child was cyanotic, pulse 160, resp. 40 per minute. 8 c.c. of Mulford's antitoxin (potent) were given in the right groin at 2 p. m.; 8 c.c. were given in the left groin at 10 p. m. The next morning the child was somewhat better, but still cyanotic. During the second day 24 c.c. were given, with decided improvement. On the third day 8 c.c. were given. The child made a complete recovery.

G. F., aged 18 months, was taken with croup on the 30th of March. The parents did not want antitoxin used, but as the child got worse they consented. 8 c.c. of Mulford's antitoxin (potent) were given in abdomen. The next morning the child was somewhat better. 16 c.c. were given on the 31st, and 8 c.c. on the 1st of April. The child made a perfect recovery.

ALFRED CORNWELL, M. D.

Bridgeton, N. J.

Antitoxin in Diphtheria.

Editor MEDICAL WORLD:—For the last year I have been quite interested in the reports on antitoxin in THE WORLD, and I must confess I have at times been among the skeptical in regard to its use. For the last few years there have been no cases of malignant diphtheria in this place, so that there was no opportunity to test the value of the new treatment. This year, however, there were a number of cases in a large family of children, and a short account might be interesting to the readers of THE WORLD.

Previous to my entering the family, a boy about three years of age was attacked with diphtheria, and, apparently, the attending physician did not understand the nature of the disease; at least he did not so report it, and the child died on the sixth day. My first patient (in this same family) was a boy about five years of age, who had been sick three or four days before I assumed charge of the case, and was gradually growing worse. It was a well marked case of malignant diphtheria, tonsils enormously swollen and completely covered with the characteristic membrane, offensive odor, high fever, great prostration and inability to retain anything taken into the stomach. Internal medication was, therefore, almost entirely dispensed with, and I commenced the antitoxin treatment. I gave three injections of 5 c.c. at intervals of twelve hours, without apparently improving the condition of the patient, excepting that the vomiting ceased, and the countenance assumed a brighter expression. On the second day I gave an injection of 10 c.c., and after twelve hours 5 c.c. more, shortly after which I began to see an improvement in the case; membrane loosening, appetite returning, and every indication of speedy recovery. In a few days more the patient had passed the danger point and was convalescent.

In the meantime two other children had been taken, both of a very severe type, developing so rapidly that in twelve hours from the onset of the disease they

Digitized by Google

were seemingly beyond help. In one of them the glands of the neck were enormously swollen, the tonsils, also, to such an extent that swallowing was almost impossible, and the odor emanating from the poisonous membrane could be detected half way across the room. Twelve hours after the disease had fully set in she lay in almost a complete stupor, with her mouth open, breathing heavily, and apparently in a dying condition. However, the antioxin was administered energetically, and at the third injection, about thirty-six hours after the attack set in, she finally began to improve. She remarked to me: "I don't remember a thing about yesterday; I must have been pretty sick." The other case was, also, a serious one, from the fact that the membrane invaded the nose, which is always regarded as a dangerous symptom. She began to improve, however, about the same time as the others, under the antitoxin treatment. Besides these two girls, there were two other older ones, who had been exposed to the disease. It was thought best to immunize these, if possible, and prevent their having the disease. Accordingly they were innoculated with the antitoxin and closely watched. Only one injection was necessary, and they escaped without any symptoms of the disease appearing. The mother, also, had a slight deposit of membrane on the throat, but by the timely administration of the remedy the case was quickly cut short.

After all the cases were apparently beyond danger, the nurse, Miss Austin, of Auburn, was attacked; but on being subjected to the same treatment, she had only a mild form of the disease. It would seem as though the use of antitoxin in these cases was conclusive of its virtue, and I am thoroughly convinced that by its timely use the horrors of the dread disease, diphtheria, are immeasurably lessened, and its hitherto fatal ravages may, in a great measure, be averted.

F. W. BENEDICT, M.D.

Weedsport, N. Y.

Leg Ulcers.

Editor MEDICAL WORLD: — Our esteemed brother from Mountain House, Arkansas, asks for treatment for ulcer of leg in patients that cannot give up their daily labor. Of course the treatment depends to a large extent upon the variety. We have the inflamed or phlegmonous ulcer; the sloughing; the weak or, edematous; the neuralgic or iritable; indolent or callous; and the ulcer of specific origin. The last two are the most common forms of ulcer on the leg, and it is presumed he has reference to these. The indolent or callous ulcer occurs usually in those of middle life, and is situated in the lower half of the leg, and more often on the fibular than on the tibial surface. The ulcer is surrounded by an elevated ring of very dense and indurated tissue, which seems to be a provision of nature to prevent the spread of the disease, acting indeed as a kind of natural splint to keep the ulcerated surface at rest. As long as this hard ring remains, healing will not occur; hence to depress the edges is the first step in the treatment of an indolent ulcer. Some make radiating incisions, extend- about one-quarter of an inch into sound tissue. Others have obtained good results by strapping the ulcer by means of adhesive strips laid on in an imbricated manner, and then applying a muslin bandage.

I have received excellent results from the following treatment: First spray the ulcer with peroxide of hydrogen; while not germicidal, it has the effect of destroying the albuminoid material upon which the bacteria exist. Then wash it with a bichloride solution 1-1000. I have dusted with acetanilid, but since several cases of poisoning from the drug have been reported, I use aristol. If it be a syphilitic ulcer, we dust it with calomel and give proto-iodide of mercury, ¼ gr. three times per day; then apply your antiseptic gauze, 1-1000 bichloride; then apply wax paper; finally bandage tightly. Often when the ulcer is irresistible to ordinary treatment, transplantation of cuticle is often beneficial.

I have used with good advantage the following powder:

Bismuth subnitrate,
Sterate of zinc,
Oxide of zinc, - - aa dr. iij.

Sig. Dust on ulcer and apply bichloride gauze dipped in bichloride solution, 1-1000, then apply bandage.

I remember one case of ulcer of the

Digitized by Google

leg that nearly exhausted my patience. A young man had excoriated his shin while playing foot-ball. The physician employed by the team applied cosmoline; thought it would be antiseptic if he added carbolic acid. Instead of mixing the carbolic acid with the cosmoline before application, he poured the carbolic acid on the cosmoline while on the leg, with the result of a horrible ulcer extending around the entire circumference of the leg. After some weeks of futile efforts of the physician to repair the damage done by the acid, he was discharged. I washed it daily with permanganate of potash and dusted it with a powder composed of boracic acid, seven parts, and iodoform one part. Then applied iodoform gauze, and wrapped with a bandage. While it was a slow and tedious process it finally yielded to the treatment, to the gratification of the patient.

S. A. BUCHMAN, M. D.
432 Snyder avenue, Phila., Pa.

Treatment of Ulcer of the Leg.

Editor MEDICAL WORLD:—On page 122, Dr. J. B. Simpson asks for treatment of ulcer of the leg. I would like for him to try the following: Wash the ulcer with sterilized salt solution, sprinkle a small amount of pyoktanin over the ulcer, put a bit of sterilized gutta percha tissue over the surface, then ordinary antiseptic gauze, and bandage from toes to knee. Have the patient to apply this dressing and bandage in the morning before he assumes the erect position. Apply the bandage lightly, as by the swelling on rising the proper pressure will be attained. The bandage should not be removed at night until the patient has gone to bed.

I have cured one case of thirteen years' standing with the above treatment. I have gotten very good result from the above treatment leaving oft the pyoktanin. I never did get very much result from idoform in ulcers of leg. Please try, and report results. E. L. TUNSTALL.
Mammoth Spring, Ark.

Treatment for Ulcer of the Leg.

Editor MEDICAL WORLD:—Replying to Dr. I. B. Simpson's inquiry as to the very best treatment for ulcers of the leg, I would advise him to try the following before giving up the treatment as a bad job, as far as a cure is concerned. Of course, rest is really required, although my patients get around and do their work just the same. I advise them, in case of being unable to lay up altogether, to rest as much as possible, keeping the leg up on a chair resting on a pillow, and at night to lay a pillow under the knee and two under leg and foot.

Internal treatment in the majority of cases is required. If anemic, iron in some form, preferably pil. Blaud or syr. ferri. iod. The pills must be fresh. If costive, the old-fashioned saline mixture, to be taken before breakfast. If rheumatic, and it is generally in the chronic stage, syr. hydriodic acid (Wampole's). If any kidney trouble, Basham's mixture.

Local treatment: Wash the leg every morning with a saturated solution of boric acid, and wash it clean. If there be much discharge, powder it with the following:

R	Boric acid,	parts 3
	Iodoform,	" 1
	Bis. subnitrat.,	" 2
	Zinc oxide,	" 1
	M. ft. powder.	

until the discharge has lessened, when he might use the following unguent, which I have found to be almost a specific:

R	Ichthyol,	dr. j
	Acid carbolic,	Min. x
	Acid boric,	grs. xxx
	Bismuth subnit.,	grs. xxx
	Zinc oxide,	ad oz. j.
	M. ft. ung.	

This is to be spread on oiled silk (green protective) cut to overlap the ulcer half an inch all around and perforated so as to allow discharge to come through, then cover this with borated absorbent cotton, the silk to be dipped in boric acid solution before applying, then bandage from the toes to the knee, making even pressure, and put over this a snug fitting stocking, which is not to be kept up by a circular garter which causes compression of the vessels.

If the granulations be excessive, apply powdered alum or paint with a saturated solution of cupric sulphate, or argent. nit. 60 grains to the ounce; or pure ichthyol will, I have found, soon accomplish the

Digitized by Google

purpose. Of course, when using the powder, the ulcer is to be protected with the oiled silk, etc., as described for the unguent.

THE WORLD solves many a mystery for the puzzled practitioner. I am anxiously looking for the answers to the "bloodless treatment of cancers," if there be one. It is too bad to see our patients leave us and go to some charlatan who puts on a plaster, gives some medicine and in a few days our patient returns with the cancer in a bottle, and apparently well, when our only treatment would be the knife. I have always been a firm believer in the knife until I saw one case where an epithelioma had been removed from a lip and returned. The patient had it "drawn out" and it is over a year now and no recurrence. It recurred after the knife in eight or ten weeks. MEDICUS.

Moore, Ont., Can.

Diagnosis of Pregnancy.

Editor MEDICAL WORLD:—Not long since I was called to see a woman in rather poor health who informed me that she was in the sixth month of pregnancy; that she had felt motion about two months before, and that two weeks before my visit a little girl, with whom she slept one night, had kicked her severely in the abdomen, since which time she had felt no motion and feared the fetus was dead. Menstruation had been suspended; the abdomen enlarged, the breasts enlarged and tender, the general health about the same as in former pregnancies. I placed my hand upon the abdomen, but to my surprise could feel no enlarged uterus. After a little manipulation I succeeded in feeling the promontory of the sacrum. Introducing a finger into the vagina I found a uterus of normal size, in normal position, with a tumor, probably fibroid, on its posterior surface and about one inch from the os. I informed the patient that she was not six months nor even three months along, and if pregnancy existed in her case it was of too recent origin for me to diagnose. I put her on aletris cordial and syr. hypophosphites co. and she is now about well.

This woman, the mother of four children, actually believed herself to be pregnant. Suppose pregnancy had occurred at the end of the fourth month of supposed pregnancy and continued for nine months. I imagine it would have been a difficult matter to convince that woman and her friends that she had not been pregnant for thirteen months. Now, without wishing to reflect on Dr. Melick, I think there is good reason for assuming that he was mistaken in his diagnosis, and that he probably induced labor at about the eighth month of pregnancy. The doctor says "her abdomen was enlarged to immense proportions," but he also says that "large quantities of liquor amnii gushed from her with each uterine contraction." The large quantity of liquor amnii therefore accounts for the extra enlargement. Then, "twenty-four hours of hard work brought the womb and its contents low down in the pelvis," just where it should, and probably would have been, at the end of the ninth month. The physical diagnosis was, in my opinion, not sufficient to warrant the diagnosis of pregnancy at the time of the first examinations.

DR. J. W. LOCKHART.

St. John, Wash.

Epsom Salts Cures Two Cases of Dropsy, One from Organic Heart Disease, and One from Bright's Disease.

Editor MEDICAL WORLD:—G. T. C., Master Mason, sixty-seven years old; very bad valvular heart disease developed dropsy, which the usual treatment for heart trouble would not touch. Was just about to give him up as lost, or rather was about to begin to tap the abdomen, when I chanced to see the advertisement of a firm down South (no matter where), and sent for a trial box of medicine. A box of ten or twelve large boluses, as big as the end of a man's little finger, came with full directions as to how to give them; also full directions as to taking Epsom salts. I made up my mind that the immense pills were only a blind to get the patient to send for more medicine at $50 for the treatment, and commenced giving the salts just as directed, viz:

First day, 7 a. m., one heaping tablespoonful in a glass of water; 8 a. m., one teaspoonful in water; 9 a. m., one teaspoonful in water, and so on; one teaspoonful in water, every hour, until

Digitized by Google

he had had twelve or fourteen operations from them. He required about seven doses in all to get the fourteen operations a day. The last operations were all water.

Second day, rest.

Third day, take the salts same as first day, and so on. Every other day take salts like the first day, till the dropsy goes. He took salts seven days in all, or fourteen days treatment, when his dropsy was gone. During the day that the salts are taken, eat very light, almost nothing, as food causes griping of the bowels. The prostration is not as severe as one would think.

Case II.—J. C., renal dropsy as bad as Case I. Same treatment; same result.

This was over a year ago. The man with heart disease takes salts a day or two, once in a while, when he finds the dropsy returning, and keeps fairly well. Can't work; never can; is thankful to be living.

The man with Bright's disease is working as a loomfixer in a cotton mill. Of course he is weak and nervous; can't sleep well; has bad spells of prostration, etc., as any one will whose kidneys are in so bad condition; but (and please make a note of it) by the use of the salts and an iron tonic, he is earning a living for his family.

I returned the liquorice pills to the firm, as they requested in case they were not used.

Perhaps I did wrong in stealing the information as to how to use physic; if I did, remember, dear reader, the partaker is as bad as the thief.

W. H. JUDSON, M. D.

Danielson, Conn.

Solution of Oil of Cinnamon as a Dressing.

Editor MEDICAL WORLD:—J. R., colored, was thrown or fell from a passing train upon which he and some other colored boys were stealing a ride. In falling he struck upon the sharp corner of an upturned steel rail, which penetrated the cavity of the abdomen just over the greater curvature of the stomach, allowing the entire viscus to be extruded. The wound was received about 9 o'clock at night, and was seen by me 12 hours after. The extruded viscus was so much swollen that the orifice of exit had to be enlarged to permit reduction, which, under chloroform, was successfully performed. After properly suturing the wound, a large compress was applied kept constantly saturated with the following:

R Ol. Cinnamomi . . gtto viij
Aq. font . . . . O iv

Healing was accomplished and the boy was out in ten days.

E. G., school-boy, scalped himself running through a fence. Twelve sutures, aqua cinnamon compress. Out in three days in the rain rabbit hunting.

And so on. It never fails when properly used as a dressing on recent wounds.

J. F. BAGGOT, M. D.

Bamberg, S. C.

The "Insomnia Habit" and its Treatment by Natural Methods.

Editor MEDICAL WORLD:—It is not my intention in this short paper to cover insomnia thoroughly, but I shall endeavor to point out a line of treatment which, if applied accurately and patiently, will certainly overcome even the most obstinate case of the "insomnia habit."

The "insomnia habit," as I shall call it, is, as a rule, one of the most unsatisfactory and annoying complaints the physician is called upon to treat.

Every practitioner has encountered cases of it by the score. Usually, after having resorted to all the hypnotics in the pharmacopeia without obtaining any permanent relief, the doctor in despair hustles the patient out of his sight to some rest cure or distant climate. But such cases can be cured, and I have yet to encounter one that will not yield to proper treatment.

Before a case can be diagnosed as one of "insomnia habit" it is necessary to be certain that no pain or cerebral lesion exists, that every function is in perfect order, and that every apparent cause is removed.

Let us imagine, then, that we have such a patient for treatment. Experience has taught us that such cases rarely yield to customary methods, so let us ascertain what psycho-physiological treatment will accomplish.

It has been said that we are creatures of habit; but the only means by which

Digitized by Google

a habit is formed is by constant repetition of an action, thought, or sensation. If day after day we retire or arise at certain hours, we soon begin to feel drowsy at the proper time every evening, and will wake within a few minutes of the regular hour every morning, no alarm clock being necessary.

Habits of diet are formed in this way, and so, also, is the "insomnia habit." Careful inquiry of sufferers from the latter trouble will in almost every instance reveal the fact that at some previous period the patient was compelled to stay awake every night, until he firmly believed he could not sleep again, even after the exciting cause had been removed. The exciting cause in the first place may have been due to pain, environment, digestive disturbances, grief, worry or any other mental or physical disorder, which, for a certain period, kept the mind active.

It is a well-known fact that the more active the mind the greater is the quantity of blood supplied to the brain. The converse is also true, for, to the same degree in which the blood leaves the brain is the activity of the mind decreased, so that during the interval preceding death from hemorrhage the patient passes through a variety of mental conditions, starting with slight dizziness or drowsiness and ending in coma.

During natural sleep the conscious mind becomes inactive, and there is a corresponding diminution in the quantity of blood supplied to the brain. By taking into consideration the foregoing facts, the proper treatment is very clearly indicated. Resort to any means which will draw the blood from the head, and, to assist this, make the mind as inactive as possible. To secure the intelligent cooperation of the patient, explain carefully to him the objects you are trying to accomplish.

There are many ways by which the blood supply may be lessened. One of the simplest is a light supper before retiring. All animals become drowsy after eating, owing to the activity of the stomach, which necessitates an increase of the blood supply to that organ at the expense of other parts. Through the force of gravity, one of the first places drawn upon for blood is the head. Exercise is also an important agent, for the increased activity of the muscles necessitates freer circulation through them to remove the waste products formed there. Hot water applied to the lower extremities is valuable, but not nearly as effective as cold. In using this method I instruct my patient to prepare for bed, then, having rolled his night gown up under his arms, to sit in a bath of very cold water for not more than an instant, and then to spring into bed without drying. In a few moments the limbs begin to glow and sleeps ensues. This method should be employed judiciously in weak patients or women, for with the latter it frequently starts menstruation before it is normally due.

I frequently instruct a patient to put out his light, and then with closed eyes to stand beside his bed for from three to twenty minutes; at the same time swaying his body and head around or swinging his arms back and forth by his sides, until he feels that it would be a relief to lie down. The patient should sleep with his head high.

In a number of cases I have had success by inducing the patient to break his regular habits, getting him to eat and sleep at very irregular hours, and to keep this up for a week or two.

To control the mental activity I invariably resort to hypnosis, making very positive suggestions that the patient *must* sleep at a certain hour, and that at *that* hour his mind will quiet down. Besides this I teach him how to control his attention and how to overcome his worry, grief, or any other mental condition which may have produced the brain activity at night. I get the patient to relax himself a number of times during the day, and, while in this condition, to think seriously of the exact hour he intends to retire that evening, as well as the precise length of time he wishes to sleep. In this way the expectant attention is kept active. It is the same mental process which we all unconsciously employ to arouse ourselves, when necessary, at any desired hour.

It is very rarely that a victim of the "insomnia habit" goes into a deep stage of hypnosis, and it is still rarer to produce immediate sleep. However, a deep state is not an essential, for some of the

Digitized by Google

best results I have obtained were secured in patients in whom not even drowsiness was induced, to say nothing of fixation of the eyelids. The only condition, then, which is necessary for the suggestive treatment, is general relaxation.

The average length of time necessary to effect a cure is from one to three weeks, and the patient, besides receiving the suggestive treatment daily, should be taught the use of auto-suggestion.

I trust these few ideas may be of some assistance to those who read them. I should not advise confining the treatment to any one method, but would suggest instead, using the various ways mentioned in combination, with judgment in their selection.

While I have outlined these methods for use in the treatment of the "insomnia" habit alone, nevertheless most of them will be found to assist the treatment of every other form of insomnia.

HERBERT A. PARKYN, M. D.,
Medical Supt. Chicago School of Psychology.

Burns, and How I Treat Them.

Editor MEDICAL WORLD:—Unless a practitioner has had considerable experience, or lately looked the subject up, there is nothing more apt to make him lose his mental equilibrium, or, in common parlance, "get him rattled," than to be called to treat a severe burn. This part of general practice has fallen to my lot repeatedly the past year, and I wish to impress a few points I learned by experience, and not from books.

First, control the pain with morphia hypodermically, but if the burn is not large this is hardly necessary, for the following treatment, if properly applied, soon relieves the pain. Do not use water to clean the burn; do not clean it at all at first, only pull off loose shreds of skin and flesh that you can easily get hold of.

Don't forget there is a period of depression or shock that is soon coming. Anticipate it by giving strych. nit. 1-60 grain, whiskey ½ ounce. If this is not sufficient, and the patient is pale and threatened with rigors, give a 1-250 gr. granule of glonoin dissolved in hot water every fifteen minutes until the skin gets red. The best dressing to use at first is linseed oil, lime and water. Notice, I did not say carron oil; neither did I say lime water. Water only takes up four-tenths of 1 per cent. of lime. This is not lime enough. I prepare the lime and water by putting a lump of unslacked lime the size of my fist into a half gallon jar, fill it two-thirds full of warm water, let it slack, get a soft cotton cloth, perfectly clean, the proper size to cover the burn, stir up the lime and water until it looks like thin cream, dip the cloth in it, then in the oil and lay it on the burn. Cover with another cloth, then with absorbent cotton, over which put a roller bandage. Don't be afraid to put the lime on, and your patient will bless you for it. I do not know whether this is according to similia similibus curantur or not, but the lime stops the pain. Leave this on from eighteen to twenty-four hours, then take it off, and all places that do not look clean, make them clean with hydrogen peroxide and water, equal parts, put on with a soft cloth or sponge. After it is perfectly clean, put on a fresh dressing like the first and leave it on two days. Take it off, and if the pain is still present, dress same way again; if no pain, use the following:

R· Campho-phenique, .
Acid boracic, . . aa dr. ij
Acetanilid pulv., . . dr. ss
Vaseline, . . . oz. xij
Misce ft. ung.

Spread on a clean cloth, warm sufficiently, and apply. Cover with absorbent cotton and bandage. Change every second day. If near joints, use splints to prevent cicatrization from causing lameness by contraction.

The first day or two I give a 1-6 gr. granule of calcium sulphide every two hours, then every four hours; give plenty of fresh hot milk, Horlick's malted milk, chicken and beef soups, etc. If the patient is young, do not fail to look after the kidneys as well as the bowels.

D. C. RONEY, M.D.
Pierceville, Ind.

Treatment of Burns.

Editor MEDICAL WORLD:—Seeing an inquiry by Dr. J. A. Henry, page 123, March number, how to treat burns "by

Digitized by Google

gas in coal mines," and your reference to my article, prompts me to report a few cases of burns. I have read so many good practical articles in THE WORLD that I would be glad if I were able to add something to its pages.

August 15, 1895, I was called to see a burned child. W., colored, aged two years, in playing had run, as only scared negroes can run, into a hot fire around a wash-pot. Its hands and arms were run into the boiling water in the pot to above the elbows. Its abdomen and breast were run against the pot. It was a serious burn, the hands and arms and the feet being a solid blister, while the abdomen and the breast were also badly burned.

The accident happened about 3 p. m. and I saw the patient at 11.30 p. m. The patient was in a nest of filth and rags, the family all nearly asleep, and the laziest set I ever saw. Had it not been for a lantern that I carried with me, I could not have seen how to dress the wounds. Treatment: After considerable trouble in getting the negroes to act, the burns were tolerably well cleansed in boiled warm water, made more antiseptic with carbolic acid. A mixture of equal parts of linseed oil and lime water was spread over thin layers of absorbent cotton, and the layers applied to the burned surface, and over this a soft roller bandage was applied. The fingers were were separated by small pieces of absorbent cotton, and kept straight on a padded splint, reaching from the finger-tips to the elbows. The toes were separated in the same manner.

Stimulants, anodynes, and laxatives were given to meet the general condition of the patient.

August 19th the patient was brought to my office, over a rough road, a distance of seven or eight miles.

The dressing being removed, the wounds were found to be in a clean, healthy condition. The blisters were punctured at the lower edge, and the water gently pressed out. The parts were gently cleaned with boiled, carbolized water, then dusted well with campho-phenique powder. Over this thin layers of absorbent cotton were applied and held in position by a soft roller bandage. The fingers and the toes were kept apart and straight in the same manner as in the first dressing.

The general condition was met by anodynes, laxatives, and stimulants.

August 23d the patient was seen and the wounds were dressed the third and the last time. After the dressing had been removed, the dead skin came off from the elbows to the finger-tips, almost in solid pieces, like a snake shell. The new skin was tender, but not raw. The parts were well cleaned, powdered and bandaged in the same manner as they were on the 19th.

The patient was well in a few days from the last dressing, almost without a mark.

Case II.—October 5th, 1895, I was called to see little S., aged about one year. She had been severely scalded by a dish-pan of hot water being turned over on her. The head, face, neck, left shoulder, and left arm, to an inch or more below the elbow, and the left side of the breast and the abdomen had been badly scalded. Two or three of the largest blisters had been broken open, which left raw, ugly sores. The burned surface had been partially covered with scraped Irish potatoes.

The parts were cleansed with boiled, carbolized water, then the absorbent cotton, well covered on one side with "carron oil," was applied to the burned surface and held there by a soft roller bandage, as in Case I.

The general condition of the patient was met by stimulants, laxatives, anodynes, etc, as in Case I.

On the 6th I saw patient again. It seemed to be doing well, and I continued the treatment.

On the 7th I removed the first dressing and let the water out of the blisters, there being two large ones and several small ones on the forehead, a few small ones scattered over the head, some small ones on the eye-lids, several large ones on the abdomen and on the breast, some smaller ones on the neck and on the shoulder, and the arm to the elbow being almost a solid blister. The parts were cleaned and dressed as in the second dressing, Case I, except sennine powder was used.

The general condition of the patient was met with appropriate medicines.

On the 12th the wounds were dressed

Digitized by Google

the third and last time, just like the second dressing.

In a short time from the third dressing my little patient was well without a mark or a scar, except where the blisters were broken before I saw the patient.

My observation is, never break a blister in burns till the second dressing. By following this rule I think you will leave no scars, unless the burn is very deep.

This patient got well so quick, and with so little suffering that the parents were simply surprised and delighted.

Buda, Tex. G. M. JAMESON, M. D.

[Is it not better practice to not open the blisters at all, but allow the water to be absorbed?—Ed.]

To Prevent Nausea Following Administration of Morphin.

Editor MEDICAL WORLD:—I suppose all physicians have observed the nauseating effect of morphin on particular individuals.

To prevent the same, I am in the habit of following the administration of morphin to such patients in from twenty to thirty minutes with a three to five grain dose of hydrate of chloral, which effectually prevents the nausea.

W. H. COWAN, M. D.

Shiloh, Texas.

The Morphia and Atropia Combination.

Editor MEDICAL WORLD:—Your numerous readers are discussing the morphia and atropia combination. For many years I have invariably used morphia and atropia to relieve pain, given hypodermically. I make the proportions to suit my cases as I think best.

Many years ago I attended a middle-aged man suffering severely from sciatica. On the second day I gave a hypodermic: morph. sulph. gr. ¼, atropia sulph. gr. 1-140. Pain not much benefited. Next day patient objected to another injection on account of fear of pain from needle insertion. I fought four weeks with this patient without any result. He then consented to another hypodermic. I gave him morph. sulph. gr. ¾, atropia sulph. gr. 1-80. Next day he felt much better, but still some pain. Patient consented to another injection. Gave morph. sulph. gr. ½, atropia sulph. gr. 1-100, at 10 a. m.; arrived home at 1 p. m., and messenger came to tell me to see my patient at once; that he was delirious and red in his face. An hour later I was at his house and found patient as reported. He smiled, felt dry in his mouth and throat, pain all gone, his body as red as if he had scarlet rash. I informed the family that all resulted from the injection and he would be all right by next day. He was slightly delirious next day; no return of pain, and a speedy recovery followed. No return since.

Several years ago I was asked to attend a lady who was confined to bed from December 24th to the following April without being able to move, and suffering the most excruciating pain. I was asked what was the trouble. I said lumbago. The husband said the medical attendant said she was suffering from kidney trouble. I was asked to take charge of the case, and I at once injected morph. sulph. gr. ¾, atropia sulph. gr. $\frac{1}{80}$, deep into her back. Also prescribed sweet spirits of nitre and sulphate of quinine every three hours. In the evening I was asked to come to the patient at once. Told the messenger to go home and report, "All will be right; no need for anxiety." Upon second thought I ordered my team, to see the patient. She was smiling, more or less delirious, and the atropia rash was over her body. On the following day the rash had disappeared and I felt as if I should repeat the injection. The husband said, "You are the doctor; but if it must be, put it off for several days." I did not inject, and the lady made a good and speedy recovery.

Some time ago I attended a lady, aged 64 years, suffering from sciatica. I gave her hypodermic injections of morphia and atropia in connection with internal treatment. I at no time gave the former large dose, generally morph. gr. ½, atropia gr. $\frac{1}{120}$. Relieved pain for a day or two, then it would return. At the end of six weeks the case was cured, but at no time was the medicine pushed to its physiological effect. I always make my combinations without weighing. Use no put-up proportion tablets.

FRANK R. BRUNNER, M.D.

Eshbach, Pa.

[There is an old, and now neglected,

Digitized by Google

cure for sciatica, as follows: Inject a full dose of atropia, say $\frac{1}{60}$ of a grain, or more, deeply at the seat of pain. To be successful it must be a full dose, sufficient to produce the characteristic effects of the drug distinctly; small doses repeated will not answer. This treatment is perhaps equally applicable to lumbago. It is this treatment that the Doctor has unwittingly used in some of his cases. If he uses atropia by "guess," he often uses much larger quantities than he supposes. We consider it dangerous to do this, and would strongly advise him to use tablets or granules, in which the quantities of the drug are accurately measured. Atropia is a powerful drug, and in the usual combination with morphia for injection is generally used in too large quantity, frequently causing nervous excitement instead of the desired rest. For ¼ grain of morphia, $\frac{1}{150}$, or perhaps, $\frac{1}{200}$ grain of atropia is sufficient.—Ed.]

Sub-normal Temperature in Pneumonia following Grip—Guaiacol Locally as an Antipyretic.

Editor MEDICAL WORLD:—In the April WORLD, Dr. J. H. Horden reports a case of pneumonia following grip, with sub-normal temperature. I have seen two cases like his, both following grip. In each case, as soon as the pneumonia symptoms became prominent as shown by the physical signs, blood-mixed sputa, etc., the temperature fell gradually (within 36 hours) from 103° to 96°, and remained there until recovery was well established. There was a corresponding drop in the pulse, in one case going to 40 per minute. This condition lasted in each case for over a week, and bore no resemblance to the ordinary case of sudden collapse, except that the skin felt too cold to the touch. Both recovered.

I have recently seen a case where the temperature is above normal. In a little girl recovering from typho-malarial fever, the temperature got to 99⅛° and stopped. After a week or more of general improvement, the temperature still remaining above the normal, the child was allowed to sit up and begin solid food. Improvement continued, and now, two months after, with the child apparently well and going where she pleases, her temperature is still 99⅛. Several thermometers give the same result.

I wish to attest to the benefit I have gotten from guaiacol used locally as an antipyretic. From five to fifteen drops rubbed in over the iliac region will generally reduce a temperature of 104° or 105° to normal in two hours. Wash the skin well with soap and warm water, dry thoroughly, then rub in the guaiacol, a drop or two at a time, taking about twenty minutes to rub it in well. Cover with oiled silk or oiled paper. Rarely have I seen any depression or profuse sweating, the skin merely becoming cool and pleasant. In several cases of malarial fever of the continued type, it seemed to abort the disease, as the temperature never rose again to its former height, and after a second application the fever stopped entirely. This, too, after phenacetine had been used for several days, the temperature rising after each reduction with phenacetine. I seldom use the guaiacol over once in 24 hours. Begin with five drops, and if no effect, try ten; I have never had to use over fifteen. Usually, after getting the effect once, the dose may be decreased next time. It is especially fine in typho-malarial trouble. In many cases I prefer it to the coal-tar preparations. In cases where it has been used only locally, the odor of guaiacol has been plainly noted in the stools. If it produces irritation of the skin, apply to the other side.

GAVIN RAWLS, M. D.

Carrsville, Pa.

Twins with Locked Heads.

Editor MEDICAL WORLD:—In 1853, the second year of my practice, having had but little of this kind of work (due to age and that lack of public confidence in young practitioners), I was called to see a German lady who was, as it proved, giving birth to twins. The first was a footling, the second a head presentation. When the first was delivered to the neck, it was found that the head of the second was preceded by the head of the first. It was impossible, from the size and firmness of the bony structure of each head, to slide one or compress either to pass the other. Finding that the cord had ceased to pulsate, the head of the one so far delivered was amputated, pushed up

Digitized by Google

and past the other, forceps applied to the second and delivered. At that time I had not received any instruction, oral or written, on this kind of case. I acted on my own mechanical judgment. Thinking I might have done better, when next time in the city of New York, I called on Professor Gilman, who had lectured to our class of '52 on obstetrics at the College of Physicians and Surgeons. I told him what had been done, and asked him what he would have done under like circumstances. He said that these cases were rare, and that he, with all his appliances at hand, would have bored into the base of the skull, emptied it of its contents, compressed the skull, and thus have made it possible to slide the first past the second. This seemed to me the most scientific procedure, as I recognized that in the rotation of the skull, aside from its being in the way, it might possibly, from some infinitesimal projection of bone, have lacerated the soft parts of the mother. Some fifteen years ago, wishing to brush up my knowledge, I attended a full course of lectures at this same institution. I listened to Professor M—— on obstetrics. He taught the class to do as I had done of my own volition. I followed him after the lecture into his private room, related my case as I had treated it, and told him the plan which our former professor had suggested, and emphasized my belief as to its being the better plan. He confessed he had never had such a case. Will some of your obstetrical readers state which, in their opinion, is the better method?

Rahway, N. J. ELIHU B. SILVERS.

Knee Joint Trouble.

Editor MEDICAL WORLD:—Will you or some of your many subscribers give me diagnosis and suggest the proper treatment for the following case? Mr. F., aged 49, carpenter, when about 15 years of age became overheated while at work in a wheat field; right knee became stiff; could not move it in the least; continued so for three months. Recovery complete. In 1885, while hunting, stepped on a round stick, right foot rolled under him and he fell upon right leg. Knee popped. Had considerable difficulty in straightening leg, but finally succeeded. Knee popped again. Recovery in about ten days. In January, 1896, was working at his trade carrying lumber up a flight of stairs. First noticed that he could not raise with right leg. Had to quit work. No other symptom than weakness. About June 1st commenced to experience pain in knee, which at times has been severe. Occasionally since, for one or two days at a time, has enjoyed immunity from pain. Swelling began about the same time and has continued.

Measurements:

Left knee—Immediately above patella, 17 in.
Over patella, 15½ in.
Immediately below patella, 15 in.
Right knee—Immediately above patella, 16½ in.
Over patella, 17 in.
Immediately below patella, 15 in.

Above injured knee muscles are slightly atrophied. Now and then pain along course of sciatic nerve. Slight varicosity of veins below knee. At times crepitus in knee joint.

Treatment tried:—Elastic bandage, worn in day time; cold and hot water compresses at night; massage; poultice of hot wet wheat bran; compress of oil of wintergreen and liniments by the dozen. W. T. WATERS, M.D.

Louisiana, Mo.

Is This a Form of Influenza?

Editor MEDICAL WORLD:—For the past three years, but more especially for the past two months, I have had to deal with a peculiar condition which I will in brief describe, and ask the editor of THE WORLD and its readers to discuss it through the columns of that valuable and much-read magazine. One patient may be taken with a light chill as the first symptom; in others there will be a week or two of malaise, then a light chill or perhaps no chill; the temperature will rise to 100° or 101°, then some headache and muscular pains, then marked tympanites over the ascending and transverse colon and over the stomach; marked gurgling and sometimes tenderness in the ilio-cecal region. In two or three days the temperature fell to 97°, and in old or debilitated subjects to as low as 96°. The heart's action is very weak and sometimes slow, the bowels as a rule

Digitized by Google

are constipated, the appetite is fairly good; there is marked nervous prostration. The above condition, under favorable circumstances, will last three or four weeks, then slowly improve. The cases are prone to relapses and I have had the condition last for eight months. My diagnosis is a form of "grip." My treatment is absolute rest in bed, intestinal antiseptics, quinine and strychnia. Let me hear from the readers of THE WORLD.

Burden, Kan. W. H. MAUSER.

[A form of influenza seems the most rational view of the above. Have our readers in other sections observed it? The treatment mentioned is good. Cod liver oil might advantageously be added in some cases.—ED.]

Hemorrhage from the Kidneys.

Editor MEDICAL WORLD:—I wish to return thanks through the columns of THE WORLD to the brothers who kindly advised me as to treatment of my case of hemorrhage from kidneys, mentioned in March number, page 99. Besides the advice given in April WORLD, I received letters by every mail from Canada to Texas and from New York to California. Now, as to the result. Shortly after writing to THE WORLD, and before I had had time to receive advice, I began a new treatment. I gave the patient half a teaspoonful of saw palmetto compound every three hours through the day. In two days there was improvement, in one week there was no hemorrage, nor has there been any since. The patient has gained fifteen pounds in flesh, is up and around attending to business, about as well as before this trouble. While, as it has turned out, I had no occasion to use the treatments suggested, yet this interchange of ideas, I trust, will be of some help to us all. EUGENE PENDLETON, M. D.

Cuckoo, Va.

Pruritis Ani.

Editor MEDICAL WORLD:—Will some of the brothers suggest a cure for an aggravated case of pruritis Ani? I have used injections for pin worms and found none. Locally, pineoline, resinol, salicyilic acid, ichthyol and Dr. Waugh's new combination in the February WORLD, viz.: Campho-phenique, losophan and cosmoline. Am now trying balsam peru, oil amygdala and flexible collodion (without much hope of success), together with tinc. red clover and laxatives internally. Any suggestions will be thankfully received.

H. O ROCKWELL, M. D.

East Troy, Wis.

A Pendulous Scrotum an Indication of Illness in the Male Infant.

Editor MEDICAL WORLD:—I am just rounding out my fourth year in practice, and I have had the benefit of THE WORLD visits most of the time. I wish to offer a mite in return. There are few physicians but what at some time in their practice have been called to see infants that were playing or resting quietly, in apparent health, and, after a hurried superficial examination, would, in an air of wisdom, state that there is nothing the matter. But in certain cases the physician may be called the next day, or hear that another physician is called, and the child is, indeed, sick—may be in convulsions from digestive disturbances or cyanosed by capillary bronchitis. The latter was the experience in a case where a physician, older than myself, was called, and such experience does not increase the confidence of the parents in doctors. The point I wish to call attention to will, in the case of the male infant, guard the physician against this mistake. It is the pendulous and relaxed condition of the scrotum. It will be found in a more or less marked degree, according to the disturbance of the system, whether from digestive or other troubles. When present it is sufficient indication for a thorough investigation of the case. Again, in the child of eight months or more, if the condition is absent, that is, if the scrotum be drawn up in a rounded compact ball, it is safe to conclude that there is no disturbance of the system, and any peevishness is due to the child being humored in everything. This relaxed condition of the scrotum will be found of use in determining the condition of the system in the adult also; though it may be caused by excessive exercise as well as by disease. I would be glad to see a report of the observations of others on this point. B. W. STEARNS, M. D.

Long Eddy, N. Y.

[Does not the writer express himself

Digitized by Google

rather positively? The observations of many are necessary to establish a matter of this kind, and they may or may not establish the writer's claims.—Ed.]

Ten Years of Dosimetric Practice.

[A CONTINUED STORY.]

Editor MEDICAL WORLD:—Being in my 64th year, and having retired from general practice, after 40 years of almost continuous arduous duty in harness as a studious, conscientious, true eclectic physician (although graduated regular allopathic), I am impressed with the feeling that I have still a duty to perform by which I may possibly benefit my professional brethren, and, through them, suffering humanity.

It is, to write and have published a series of articles giving a résumé of my ten years' experience in the practice of Dr. Ad. Burggraeve's method, called Dosimetry, which I will say, just here, means "measured doses," as I still find many who do not know it's meaning, and it is not found in ordinary dictionaries. I have selected that old reliable and excellent journal, THE MEDICAL WORLD, as the best medium for their publication, because they will be seen and read by more live, up-to-date physicians than in any other current medical journal published in America. While I am totally ignorant of the extent of their subscription list, I base this assertion upon the extraordinary attention given my first simple little squib of an article on "Dosimetry," published in July WORLD, 1890. Before that issue reached me I had received dozens of letters from physicians living in close proximity to the office of publication, that great medical center, Philadelphia, from which all useful medical knowledge is supposed to emanate, and letters continued to arrive daily, till by the end of the year I had received over a thousand, from physicians in every State in the Union, Canada, Nova Scotia, Newfoundland, Cuba, Mexico, Central and South America and Australia, all seeking more light, and asking the meaning of the word, and where they could obtain literature upon the subject, and the granules which I used. Judging from these letters, I concluded that each monthly issue of that popular magazine, THE MEDICAL WORLD, could certainly be found in every mail embraced in the Postal Union, for I received letters from London and Paris, referring to that little article, and it was reproduced in Burggraeve's Paris journal as well as in the London *Dosimetric Therapeutic Journal*.

There was nothing of any great intrinsic value in the article itself, but it was the novelty of the subject that attracted attention, though the *Dosimetric Review*, New York, was in its fourth year, and there were about three thousand physicians in the United States practising the method then.

The intense interest manifested by the writers of these letters evidenced the inability of the old method to give satisfaction, and many expressed themselves as being disgusted with the uncertainties of galenic preparations and ready to abandon medicine. These were the old men in the list, most of whom adopted this scientific method gladly; but many of the younger men, while not expressing it in words, showed that they thought I had discovered a method which was a "panacea." If they tried it under this impression, I fear they met disappointment and returned to their first love. While there is no such thing as a "cure-all," yet Dosimetry, when practiced with a full understanding of the etiology of disease and a correct knowledge of the therapeutic, physiologic and toxicologic effects of medicaments, comes nearer being such, and wards off the advances of the "grim monster" better and longer than any mode ever tried by the profession. It is, indeed, the crowning discovery in the wonderful evolution of medicine during the last half of the nineteenth century, and constitutes a mode so catholic in its teaching that true physicians of all schools can, without hesitancy, adopt it. It is not a system, but simply therapeutic science in full battle array. It gives the physician "arms of precision," and a power over disease he never possessed before. It enables him to do what was unknown in medicine previously; that is, to abort and jugulate disease in the dynamic and formative stages.

Physicians, of all men, ought to be the most liberal and freest from bigotry and prejudice in regard to the views of others,

Digitized by Google

and be ever ready to investigate and try any rational plan that promises to aid them in alleviating the sufferings and healing the sick. That Dosimetry is a rational and scientific method of medication cannot be gainsaid by any candid and unbiased investigator, and it passes my comprehension why, being so simple and so easily tried, any true, honest physician will neglect it, especially at this day, when so many thousands of intelligent physicians testify to its superiority over all old methods. It must be because man is naturally a creature of prejudice, for an honest self-examination reveals the fact that all men are, consciously or unconsciously, governed by some prejudice. I thought I had reached the age when I would be free from all prejudice, but I feel like kicking myself on recalling the lost opportunities of the past year; lost because I so obstinately rejected the advice of my friends to investigate and try nuclein, all because of prejudice on account of the company it kept. Stern, bitter necessity finally forced me to yield and try it in my own case and several of my household, all convalesing from severe attacks of la grippe in December last, and it surpassed all my expectation in rapidly restoring health, strength and appetite, in connection with the dosimetric vital incitants. Since then I have used 2,600 tablets and 2½ ounces of nuclein solution (Aulde), and it has given splendid results and proven satisfactory in every case in which I have given it. It fulfills more indications than any one known therapeutic agent, and bids fair to lay claim to being the second greatest medical discovery of the age; but this is a digression, and was mentioned only to show how one may regret being swayed by prejudice. I know dozens of physicians who speak contemptuously of Dosimetry; some charging that it is in a line with patent medicine; others that it is homeopathy under a new name, and still others that it is dangerous, because it uses only concentrated poisons. If they only knew how ridiculous they appear to the initiated they would certainly study up a subject about which they are so densely ignorant before they attempted to discuss it again.

I will close this introductory paper by saying that subsequent ones will consist principally of condensed clinical notes of cases treated dosimetrically as they came up in daily practice, for my notes are not so as to conveniently devote one paper to a single disease. W. L. COLEMAN, M. D.

Navasota, Texas.

Persistent Hiccups.

Editor MEDICAL WORLD:—I have a patient, now about 70 years of age, male, now troubled with chronic rheumatism. About four years ago he had a very severe attack of hiccups, lasting nearly two weeks, which nearly exhausted him, and finally yielded to very large doses of morphine hypodermically. Later on he had another attack, equally severe, which finally was conquered by a large cantharides blister over the diaphragm. A third attack "gave away" to a strong decoction of sweet flag. About two weeks ago he was taken with a fourth attack, following upon threatened pneumonia. He hiccupped constantly day and night, awake or asleep. All the remedies mentioned above, which had before given relief, failed, as well as a host of antispasmodics. He was getting extremely weak, having hiccupped incessantly for ten days. On Saturday afternoon, April 3, *ice cream* was suggested as a remedy and administered. After taking the first spoonful he stopped hiccupping and there has not been the slightest return up to this time. The peculiar feature of this last attack was the suddenness of the arrest of the disease. In the former attacks the hiccupping subsided gradually, and finally stopped; but the relief this last time was instantaneous. I would like to hear from others who may have had experience with the last-mentioned remedy in this disease. Would shaved ice taken internally or applied externally have had the same effect? Is ice recognized as a remedy in this affection? I certainly give the ice cream the credit of curing this case, for at the time he ate it he was hiccupping just as hard and as frequently as he had for ten days, and it stopped at once.

CHARLES P. MCCABE.

Greenville, N. Y.

[This is a nervous affection, and is cured by influences that will make an impression on the nervous system. A

Digitized by Google

sudden fright or surprise will usually stop them. In the above case the cold of the ice cream made just the kind of impression needed, hence the cure. It might fail in other cases just as the other remedies failed in this. The ice cream was a happy thought in this case. Always empty the stomach and bowels thoroughly in persistent cases, as the contractions may be a reflex action caused by an irritation in the digestive tract.—Ed.]

Petit Mal.

Editor MEDICAL WORLD:—Mamie K., six years old, was a healthy child until three years of age, when she was taken suddenly with fever, followed in a few hours by a "spasm" which her parents inform me lasted five hours. The spasm or clonic contractions were in the right side. She was confined to her bed about thirty days, paralysis of right leg and arm having followed the spasm. There was also incomplete paralysis of facial muscles of the right cheek and complete loss of speech. For the past three years she has been having what her parents call spells, and which I call petit mal for want of a better name. She has regained the use of her leg and arm, also her speech. Occasionally the partial paralysis of the face shows more plainly, especially when she has one of the spells.

These spells her parents described to me as follows: While engaged in play she will suddenly complain of her stomach, run to her mother and say she is afraid of dogs; will draw up her legs, draw in her arms and crouch beside her mother for a few seconds, and for a short period has a blank expression as if there was a partial loss of consciousness. This passes away and she resumes her play. Once or twice during the last three years she has had a severe clonic convulsion.

I began to treat her about a year ago upon the following plan: cod liver oil emulsion with hypophosphites of lime and soda, also bromide of ammonium in 10 grain doses three times a day. Her general health is now good, and the spells are lighter and farther apart, but she does not get entirely well. I have used combined bromides, and suspended their use when circumstances would seem to warrant, but, besides the general improvement and the spells being lighter and farther apart, there is no direct improvement. I also tried the hydrocyanate of iron, but could not see that it had any advantage over the bromides. Let me hear from the good brothers.

Center Hill, Fla. W. H. HOWELL.

Obstruction of Bowels, or Congestion of the Stomach, Which?

Editor MEDICAL WORLD:—I wish to report the following case because of the interest the profession always takes in something out of the ordinary, and because I would like for you, or some of your readers to name it for us.

Patient, male, white, age 70, had been subject to attacks at irregular intervals of from six months to a year of biliousness; *i.e.*, dizziness, pain in the region of the stomach, followed and relieved by the vomiting of bile and imperfectly digested food. These attacks would not be severe enough to require the attention of a doctor, and would not last over 24 hours. On the 9th of February, 1897, he sent for me and I found him easy, although he had been suffering a great deal, which was relieved by vomiting an hour before my arrival. This spell had been more painful in the region of his stomach and lasted longer than previous spells. I prescribed ½ gr. of calomel every half hour till three doses were given, and then every three hours till bowels moved freely, and as an aid in re-establishing the function of digestion I gave a desertspoonful of Robinson's lime juice and pepsin at meal time, and between meals if there was any distress in his stomach; and I recommended an abstinence from food for the next two meals. The calomel worked well and he was up the next day and continued to feel very well, though his bowels were a "little slow" he said. On Thursday, the 18th of February, he sent for me after suffering and vomiting considerably during the latter part of the night. His pulse was 47, temp. 98°, bowels had moved the day before; no tenderness over abdomen except over stomach, and only slight there; no tympanites. He continued to vomit and to suffer before vomiting, and that night vomited a chamber two-thirds full of bile and mucus. An enema brought away considerable

Digitized by Google

fecal matter on Saturday. At this time his pulse was 72, and his heart action labored. On Saturday night he began to vomit stercoraceous matter, and when I saw him on Sunday his pulse was 90, temperature normal, his mind clear, his tongue moist and coated very little, and suffering with no pain except at stomach. I had been giving bismuth sub-nit., lime juice and pepsin, peptenzyme, Upjohn's aloin, belladonna and strychina pills by the stomach, and morphia and atropia hypodermically; but I don't believe any of the medicine given internally was absorbed. I had also been giving large enemas.

I now felt sure he would die, and as my prospects for seeing him again in the next few hours were not good (on account of high water), I recommended morphia by the rectum to give relief. I saw him no more. He died at 3 p. m. Monday, five days from the beginning of the last attack.

Now, although during the last attack I was never able to get a free passage through the alimentary canal, I believe that was because of non-absorption from the stomach and a reversion of peristalsis, and not from any obstruction. There was no tumor, no tenderness, no tympanites till Sunday, and no fever at any time; his pulse was on the first day 47, second 60, third 72, fourth 90. His urine was scant and high colored from the beginning, and was very acid, but contained no albumin nor tube casts on Friday—the only day it was tested.

Now, if others can suggest a name for this disease other than congestion of the stomach, I would be glad to have their ideas.

G. G. THOMTON, M. D.
Gravel Switch, Ky.

Triplets.

Editor MEDICAL WORLD:—Boy and two girls; boy head presentation, both girls feet presentation. Mother and children doing well; tenth day since birth. R. H. DREWRY, M. D.
Brooks Sta., Ga.

A FEW imperfect copies of April WORLD were sent out before we knew it. If you got one we will send you a perfect one.

THOSE who want back numbers for 1897 send subscription immediately.

The Fifty-Cent Co-operative Hospital Association.

Editor MEDICAL WORLD:—The medical profession in St. Louis at the present time are greatly agitated over the appearance in our midst of the Co-operative Hospital Association. The medical society has investigated the matter thoroughly by committee, discussed the same from all points of view in open meeting, and condemned the association in no uncertain tone.

Great inroads have been made in the income of all general practitioners, and it is estimated that an amount equal to $300 for each authorized physician in the city is annually distributed by the officers of these associations. This represents the loss to the profession at large, and the consequent deprivation of the luxuries of life, to say the least, to several hundreds of medical men. I dare say that many other cities of these United States have suffered in like proportion.

The question is, therefore, one of more than average importance, and journals all over the country should not remain silent. For this reason I feel it my duty to add my feeble contribution, and try to do my part to aid in the settlement of the apparent calamity which has fallen, like a blighting frost, upon our profession.

Dr. Emory Lauphear, of the *American Journal of Surgery and Gynecology* of this city, has sent out circulars to all well-known physicians soliciting their opinions on the subject, many of which he has published. Information on this subject as regards extent, methods employed, the ones benefited, the ones injured by these associations, the economic reasons leading to their organization and their probable trend is remarkably scarce. There exists some uncertainty as to how they should be looked upon by the physician not interested in said associations, and considerable ignorance in regard to the general therapeutics of the situation. Hospitals caring for the sick of these associations have been appealed to, and almost without exception they reply that they do no contract work, but simply receive the patients sent by the association, at the regular prices charged to other patients. The physicians who attend the patients of these associations

Digitized by Google

deny any contract to treat patients for fifty cents per month, which, by the way, is the usual price, claiming that when they do work for these associations they receive their regular fees for the work done. They declare that they have done nothing unethical.

Circulars have been distributed broadcast lauding in most extravagant terms the benefits of the association, and the wonderful ability and loving care of the physicians attached to the association. These circulars bear the names of many of our hitherto most respected members of our profession. Specialists, teachers in colleges, editors, hospital superintendents, presidents of medical societies are all represented.

These men, when brought to account, strenuously deny that they gave authority for these publications, and declare that the use of their names was without their knowledge, consent or approval. However fishy these denials may seem, we are, of course, unable to prove such authorization, but no party has, to our knowledge, been sued for forgery. It is fair to suppose that the practitioners in question have gathered the benefits derived from such gratuitous advertising, and calmly winked the other eye, thanking Providence for the flood lately setting in in their direction. We were informed the other day, by a reputable practitioner of our acquaintance, of the following circumstance: The practitioner in question had engaged with a prospective patient, in consideration of forty dollars, to perform a certain operation for the relief of a rectal fistula. The patient was to enter a hospital ward secured by the surgeon on the next day. The surgeon had his assistant ready and the room prepared, but the patient showed not up, nor did the surgeon see his patient for the period of three weeks thereafter, when he chanced to meet him on the street.

The surgeon inquired the reason why he had been thus treated. The patient laughed at the surgeon and informed him that someone had "put him on to a good deal softer snap." That he had paid fifty cents dues, in advance, to a co-operative hospital association, and had been by them sent to a well-known hospital where a certain well-known surgeon, of equal or greater ability than the one addressed, had operated on him, and cured him, and all free of any extra charge. Room, board in hospital, nurse and surgeon, all for the small sum of fifty cents! He had since concluded to cease paying dues, and allow himself to be dropped from the roll of members. The surgeon took a piece of sand paper and went home and polished his bald head, for that was all he could do. This is a fair specimen of the methods of these associations.

We have been led to believe that upon our profession the so-called trust could have no influence; that the medical profession was united by ties of an entirely different kind. That our code of ethics would protect us from serious dissensions within, and that the necessity for our services would protect us from without. That we might continue to offer to the young academician a decent living and the opportunity for developing a noble manhood. But the condition of things offered by such associations savors mightily of the trust.

Other occupatious have been rendered slavish and servile by the introduction of machinery and altered social conditions; now the medical profession must be made to draw the band wagon and compete with one another for subsistence. While this is unfortunate, it is to be expected. The same depression and crowding forced upon other occupations must finally react upon ours. Boys who find better wages in medicine than on the farm or in the factory will flock into medicine, and thus the profession becomes over-crowded. This cannot be avoided. Every scheme designed to reduce competition is unjust and bound to fail, and all legislation looking to that end is class legislation and will receive no favor at the hands of modern political economy. The evening and leveling process which civilization brings is bound to go on in some direction. The force of a river was never destroyed by damming it.

Is it any wonder that the selfish of our profession attempt to corner practice by organizing these monthly payment associations? They have existed for many years in the old country, and now find welcome footing here among the poorer classes of people. The opportunity thus offered to obtain board and lodging when

Digitized by Google

sick, or when they find it convenient to complain of sickness, in a decent comfortable hospital, with medical advice thrown in, must be very agreeable for poverty-stricken inhabitants of large cities to contemplate. This possibility to unite for the common good is a right which cannot be denied, and should in no way be abridged. It seems to us that all that is wanting to make these associations desirable from the point of view of our profession is that their by-laws should allow the member to choose his own medical attendant from the ranks of the authorized profession. Also, that the association should adopt a reasonable fee bill, according to which all physicians called to a home or hospital, or with whom a member of the association might consult at the office, should be paid.

No physician would object to having his patient of moderate circumstances cared for in a hospital when such might be necessary, nor would he object to having his fees collected by a responsible association. What we do object to is that certain members of the profession should enjoy a monopoly of this practice, which, although it might not pay large or exhorbitant fees, still forms at present the only resource to which the young and rising practitioner has to look for his subsistence. If these associations pay regular fees for their physicians, why should they care what particular physician received these fees, so long as the welfare of the patient is properly attended to? If this plan which I suggest were carried out, it would result in great good both to the profession and to the patient; but, if allowed to go on in the present groove, it means the financial ruin of the profession, and the neglect and careless treatment of a large number of patients.

We expect to hear strong objections to the plan from those physicians who are already connected with these associations, but we firmly believe this is the only basis on which the medical societies, organized under the American Code of Ethics, can tolerate the Co-operative Hospital Associations or the practitioners connected with them.

R. C. BLACKMER, M. D.,
Prof. of Legal Medicine, Barnes Medical College.
6746 Waldemar ave., St. Louis, Mo.

Impaction of Bowel.

Editor MEDICAL WORLD:—On Sept. 3d last I was summoned to see Mr. P. W. A., aged 56. I found him suffering from a deranged or slightly inflamed stomach, and the physical examination apparently revealed congestion of the liver, but this was obscured by a pendulous abdomen. His stomach had rejected solid food, but liquids were retained.

The bowels, according to his statement, were regular, but four or five days before he had a slight diarrhea. The tongue was coated with red borders. I gave him some ipecac to settle his stomach. I also gave him two calomel and podophyllin tablets to open the bowels.

Second visit, September 4th. At this time he seemed better. No more vomiting, and the bowels had moved twice. The medicine, however, had not passed through the bowels, for the stools were hard and dry. His condition being so much improved, I did not deem it necessary to make another visit, and so informed the family. But on the morning of the 5th I was hurriedly summoned, the messenger stating that he was very sick. In a very short time they sent forme again.

When I entered the room and took one look at his face it made an impression upon me that will not soon be effaced. A perfect picture of distress and agony. His breathing was about 60 per minute; his abdomen distended to the utmost, and the entire body bathed with a cold perspiration. He declared that it was useless to attempt relief, as he could live but a short time.

I immediately injected all the warm water that the bowel could take, and repeated it. This brought a considerable quantity of hard, black, scybalous masses, and gave temporary relief. At this time he began to vomit incessantly, which was at first bilious but soon changed to the black vomit similar to that in yellow fever. In the afternoon a consultation was held and it was decided to resort to Dr. Waugh's "thumping big physic."

Accordingly we gave him two tablespoonfuls of cascara.

At this time he was vomiting only at intervals of one or two hours, but its character was unchanged.

He retained the cascara for some time,

Digitized by Google

but finally vomited it. The same dose was repeated with the same result. This was the mistake, and I hope to never do so again. He was suffering from fecal impaction, and my experience in this case has shown me the fallacy of such a course.

The fortnight following this I was with the patient more than half the time, and used hot water enemas as often as the condition of the patient would permit. I would use about four gallons of water at a time—that is, before I allowed him to rest. The bowel at first would hold only about one quart; this would be passed and each time bring away some fecal matter. I constantly looked for a fatal termination, as the gravest of symptoms were present for more than two weeks. But I now realized that the man's life depended entirely on the removal of the obstruction, and to this end were my measures directed. The contents of the bowel were gradually removed by hydraulic means, as it were, for it was impossible to dilate the colon sufficient to allow the water to pass the obstruction. Toward the last I used large quantities of glycerine with the greatest benefit. I also used castor oil by inunction, applying it over the abdomen, without producing any effect. The cecum and ascending colon were packed with the accumulated feces, and the entire gut became severely inflamed.

When I succeeded in clearing the bowel, the patient, now a mere skeleton, began to improve. At the height of the attack a severe stomatitis developed.

I allowed him to use cracked ice, lemonade and all the purely liquid food he would take. The latter, however, he took very little of.

The only medicine used after the bowel was clear was strychnia sulph., gr. 1-100, two tablets three times a day. I report this case particularly for the younger readers of THE WORLD, and hope it will cause them to hesitate before using purgatives in similar cases. After the lumen of the intestine has become occluded and the bowels distended with gas, no purgative, however strong, will go through, and to apply them means injury to your patient.

D. ORESTUS MCCRACY, M.D.

Semmes, Ala.

Treatment of Cancer with Marsden's Paste.

Editor MEDICAL WORLD:—In reply to "A Country Doctor's" query, page 122, as to bloodless method of treating cancer, I would say that in situations where the knife cannot be used, or the patient objects to its use, I have found Marsden's paste to answer the purpose very well.

It is quite painful and about the face is apt to produce considerable swelling; but I have never known of any constitutional symptoms to result. The scar resulting from the arsenic is inconspicuous. The greatest objections to its use are the pain and time required. The paste should remain on for twenty-four hours, or longer, owing to the appearance of the affected part when examined. The growth or part is black or shows it has lost its vitality, when the arsenic has accomplished its mission. Hypodermics of morphine may be indicated to relieve the pain of the application. After the paste is removed, a dressing of carbolized vaseline on lint is sufficient. The slough is generally soon thrown off, and the resulting ulcer heals kindly and rapidly when the arsenic has been effectually used. Marsden's paste is equal parts arsenious acid and pulverized accacia wet with water.

E. P. EDWARDS, M. D.

Paris, Texas.

[Gould's Dictionary says: "Marsden's mucilage or paste. A caustic paste consisting of one part of white arsenic to two of gum arabic."—ED.]

Hysteria and Neurasthenia.

Editor MEDICAL WORLD:—The general practitioner in the country is most interested in the most common and the most difficult diseases to manage; because, unlike his city brother, he is often, from circumstances over which he has no control, forced to rely on his own resources, where his more fortunately located city brother would either call in a consultant or send the patient to a specialist. Specialists now are legion; the oculist, the aurist, gynecologist, chloroformist, laparotomist, dermatologist, neurologist, surgeon, genito-urinary surgeon, ad infinitum. It would seem that the general practitioner in the city has little to do except sort out the cases for the specalist. In the country the doctor often has to be

Digitized by Google

all sorts of a specialist, and use all kinds of *un*trained nurses, and be subjected to the criticisms of all the cranky old women who have a burning desire to pose as a "good baby doctor," or a good "nuss."

In no one specially that I now call to mind is there such a great field for the general practitioner to do good and give relief and happiness as that of neurologist; particularly so far as the proper management and treatment of the two great diseases mentioned above embrace that term. While I recognize the fact that either of these diseases may occur in either sex, I don't think it far wrong to say that neurasthenia is in the male the analogue of hysteria in the female. Probably no race, station, or age among civilized people, after we leave childhood, is exempt from either of these diseases; but there can be no question that they are more frequently found in what is called the "upper" and "middle" than in the "lower" classes. The explanation of this is easy when we remember that in this age of hurry, push and worry, every fellow for himself, with the nervous system running under high pressure, the father and mother become "nervous," and by the laws of heredity impart a tendency that way to their offspring, and generation after generation by heredity and cultivation, so to speak, it takes no pessimistic eye to see us a nation of nervous bankrupts (paupers), as well as financial paupers if the gold standard is to prevail.

These diseases are of great importance to the general practitioner, not only because of their frequency, but because of their symptoms simulating and the deseases complicating so many of the graver diseases, thereby tending to mislead him in diognosis, prognosis and treatment. They are important also because of the fact that they legimately belong to him, and because, if skillful in their management, he can often treat and cure them more rapidly and cheaper than the city specialist. I have seen two cases of hysterical convulsions coming on immediately after delivery, in which they simulated puerperal eclampsia so closely that I was compelled to make heavy drafts on my gray matter to decide positively which they were not. I have seen cases of hysterical vomiting accompanied by pain in the region of the stomach which was so persistent as to make it difficult to decide positively that there was no gastritis.

One case I will relate here, as it will show how I cured one case that gave me a great deal of trouble. Mrs. P., white, age 34, mother of one child, dead, of a nervous temperament, began having hysterical attacks with her stomach, vomiting and suffering great pain, which I at first thought to be neuralagia of the stomach, and began by giving a hypodermic of morphia and other remedies which in time brought relief in a few days. These attacks would recur at irregular intervals of from three to six months, and would usually occur on a *very* bad night, after she had done more work than she ought. She would begin by feeling like she were going to have a "spell," and then she would say something about it being such a bad night to go for the doctor if she did have a "spell," and then she would immediately go into a "spell." I always gave her a hypodermic of morphia, as the vomiting was persistent and her suffering great, and her family was always greatly alarmed about her, although after the first few attacks I had assured them there was no danger in the spells; that it was not neuralgia, but a functional disturbance of the nervous system. I treated her with tonics, antispasmodics, by suggestion, and in every rational way I could think of, until I almost despaired of curing her. She would take remedies to ward off an attack, but vomit them up, and finally the hypodermic would be required to give the much-desired relief. Finally I decided to stop that, and so told her on one of my visits, and began giving her different remedies by the mouth, not being very particular how bad they were, telling her that even if she did vomit, probably some of it would be absorbed; as soon as she would vomit I would give more, in this way hoping to bring her system under the influence of medicine and thus convince her that she *could* get relief without the hypodermic; but my hopes were in vain. After staying from 8 p. m. till 1 a. m., and despairing of relieving her by this method, I remarked to her that I would have to give the hypodermic, which I

Digitized by Google

did of *plain warm water*, remarking to her that she would be easy in half an hour. I now left the room and returned in twenty minutes, and asked her if she were easy, to which she replied that I had not given her much morphine. I told her she that did not need much. When the thirty minutes were up she fell asleep, and I shortly took my departure. However, before I left, I assured her husband that I had given her nothing hypodermically but warm water, and cautioned them to not tell her that night, but to be sure and tell her the next morningt That has been over a year, and she has been in good health since.

As in all other diseases, the first thing is to be positive in making the diagnosis and as positive in the prognosis, always remembering, however, that the term "hysterics" has a more odius meaning to most people than itch or syphilis. A functional disturbance of the nervous system sounds better to them and gives the doctor a better show to hold his case and benefit the patient.

The treatment should begin by showing the patient you thoroughly understand the case, and that you fully sympathize with her; that so far as death is concerned, there is no danger unless something else should come up; that however badly she feels, you can assure her there are thousands who feel as badly or worse. Don't tell these patients not to notice the smothering sensations, or the globus hystericus, or the palpitating heart, or the "queer feeling" of which many of them complain, because they could no more do so than they could do the same in regard to an aching tooth or a piercing headache. However, it is important to divert their minds from their condition by advising them to have some light employment which will give the muscles and mind some exercise. Remember always that the nervous system is somewhat like a bank account, requiring us to put in as much force as we draw out, and that mental worry is one of the main factors in the waste of nerve force. The patient should be taught that the vital functions, such as respiration, circulation and digestion, will do better when left unnoticed, and that as far as possible they should refrain from trying to keep watch over these functions.

Sleep being "nature's sweet restorer," we should always see to it that our patient gets all the sleep which tired nature in these cases requires. In ordinary cases of neurasthenia I get good results from that very useful and much abused drug, acetanilid, by giving from eight to ten grains in hot water about half an hour before retiring.

One essential in the management of these cases is for the patient to have the utmost confidence in the doctor, and for the doctor to have the same confidence in his own ability to manage the case properly; then by a proper selection of remedies the cure is readily effected.

The bowels should be kept moving on the principle that activity is life and stagnation is disease. This can often be done best by giving a tablet triturate of aloin, belladonna and strychnia before each meal, or by giving a dose of phosphate of sodium every morning. The syr. hypopos. comp. combined with either celerina or the elix. kola comp. of P. D. & Co., equal parts, and given in dessertspoonful doses, will often yield brilliant results; also the syr. hypophos. comp. with malt wine and cascara sagrada, equal parts, and given the same way; also giving a dose of potassium brom. about twenty grains three to five times daily often meets the indications.

Some cases will be benefited by asafetida, some by camphor monobrom., in from two to three grain doses, some by a combination of brom. soda and brom. potassa fifteen grs. each, and twenty drops of brom. spts. ammonia three or four times daily, some by Peacock's bromides, and all cases will be benefited by a combination of some of these remedies with a tonic course. Some will be cured permanently, others cured temporarily, to relapse in time because of the neurotic tendency in some cases.

G. G. THOMTON, M. D.

Gravel Switch, Ky.

The "North American Vulture" Must Go.

Editor MEDICAL WORLD:—We are interested in the discussion of the various economic questions which are presented from time to time for the consideration of the WORLD family; and rightly, too,

Digitized by Google

for we believe that every question that either directly or indirectly affects the physician's exchequer should be discussed in a medical magazine. Let me present one which I would like to hear discussed throughout our entire nation. It is this: The turkey buzzard is a carrier of contagion. Should it not be exterminated? I have had several tests made, both in Iowa and in this State, which have thoroughly convinced me that the buzzard brings the hog cholera to our country, and scatters the disease from herd to herd, until a loss of millions of swine is the result. Has a patron ever called at your office and communicated to you the unpleasant news that he could not pay his bill as the result of the swine plague, or hog cholera, and thus made you feel so very uncomfortable? How many seasons are you deprived of the greater part of your earnings, by reason of this same scourge? We are informed that many States have a statutory law, making it a misdemeanor, finable in the sum of $5.00, to kill a buzzard. Would it not be better for each State to give a bounty of $2.00 on every buzzard killed?

Graysville, Ind. E. J. YAGER, M.D.

[This illustrates our interdependence. We do not raise swine, yet we are interested in the prosperity of those who do, for when they suffer loss we suffer loss. "Every one for himself" is not a good motto; it does not pay. Mutual help is the best self help.

If buzzards carry hog cholera, they can carry other diseases.—Ed.]

Was it Appendicitis?

Editor MEDICAL WORLD:—I note your criticism of my article, page 158, April WORLD. I mentioned the principal facts, not all the minutiæ. Your method of differentiating between appendicitis and fecal impaction is, I suppose, familiar to all physicians. I prefer salines to castor-oil, if there is fever. I am somewhat familiar with cases of impaction of the large bowel in different locations. In my experience, cases of impaction without inflammation of some tissue are not attended with fever, while cases of appendicitis usually are. When the impaction is removed the swelling is gone, and does not take eight or ten days to disappear gradually together with the fever. This is, I think, in accord with most of the authorities. I am aware that there are those now who claim that all cases of apparent appendicitis are not such if they recover without an operation, but are cases of impaction. Of course, it is about as difficult to disprove this absolutely as it is the doctrine of fatalism. I suppose there may be different degrees of severity in appendicitis. In the case which I reported, the pain came on suddenly with fever the day before I saw her, and increased. The swelling appeared gradually and reached the maximum about six days from the start, and could be felt per vaginam. The bowels seemed to have been thoroughly cleared within 24 hours of my first visit, but the signs and symptoms increased for several days. The decubitus was constantly dorsal. The nurse has since told me that the two stools mentioned were liquid, gray in color, and looked like pus. I did not see them. I have seen the patient within a few days. There is no tumor nor swelling now, but a feeling of rather greater resistance at the site of the former swelling (the centre of which was at the upper and inner part of the right inguinal region) than elsewhere. She tells me that overexertion, such as heavy lifting, sweeping, etc., causes some pain and tenderness there, which subsides with rest and cold applications. Her uterus and ovaries are normal. Her bowels are now, and have been since her attack, perfectly regular. Constipation existed, but was not extreme nor habitual, before. Call her attack catarrhal appendicitis (Wood), typhlitis, paratyphlitis, or perityphlitis, or all together, but not, in my humble opinion, simply fecal impaction.

E. A. SANBORN, M.D.

Somerville, Mass.

Eczema:

Editor MEDICAL WORLD:—Please ask "B," of Tenn., if he has tried boric acid and acetanilid, equal parts, finely powdered in mortar? Clean off scabs, etc., with a poultice followed by warm water (or good soap and water), and dust the parts thickly with above powder, apply cotton and a bandage. Redress every twenty-four hours. I have seen eczema

Digitized by Google

of almost every part of the body, and some very bad cases, yield in a few days to this treatment.

Years ago I used 10 grs. of blue stone to 1 oz. water and 1 dram of laudanum in same way with good success. Arseniate of strychnia and iron, 1-67 gr. every four hours, will aid.

Brodnax, La. BEN. H. BRODNAX.

Index-Book.

Dr. Ernest E. Guinn, Alto, Texas, writes: "Now, let me advise all of the readers of this journal and others to obtain binders and bind their WORLDS, as they are worth far more than text-books. When you read an article that you think will hereafter be of any help to you, mark it, and at some leisure moment note it in your index-book, giving the journal, Vol. —, No. —, etc., like this: MEDICAL WORLD, Vol. 14, No. 12, page —. I use a small paper back book for my index-book, and I can refer to any subject that I may wish to in ten minutes."

DR. J. G. JENNETT, of Collisburgh, Tex., writes as follows: "Concerning tabulating interesting articles in journals, I would say that my method is to order a binder with my WORLD subscription each year. I bind January WORLD and add each issue thereafter as it arrives; then I have all my numbers together in their regular order and protected from being torn, soiled or scattered and lost. At the first of the year I paste good ruled paper on the inside of the covers of the binder, and there create my special index to articles which I think I will wish to refer to hereafter."

Notes from Practice.

RHEUMATISM—DIPTHHERIA—LA GRIPPE—SCARLATINA—DIABETES MELLITUS—WHOOPING COUGH — DYSENTERY — TYPHOID FEVER PNEUMONIA.

Editor MEDICAL WORLD:—For acute rheumatism I have found tongaline in dram doses every two hours, accompanied by an occasional dose of antikamnia, the best medication for internal use. Locally I use the following:

R	Salicylic acid,	dr. j
	Sulphuric ether,	oz. j
	Alcohol,	oz. ij
	Olive oil (or cotton seed)	dr. j

Mix. Apply locally, three times a day.

In diphtheria, first I use antitoxin; besides antitoxin I make use of the following:

R	Ammonia bromide,	grs. 30
	Ammonia iodide,	grs. 15
	Acid carbolic,	gtts. 30
	Water,	oz. iv

Sig. Teaspoonful every three hours, for a child 12 years old.

About the second or third day of the disease I begin with strychnia sulphate, in doses from 1-120 to 1-60 of a grain, every three or four hours. Locally I spray with peroxide of hydrogen. Full strength at first; as membrane begins to slough I dilute with water, one to four or five, and continue spraying every two or three hours.

In la grippe I have found the following treatment to give good results:

R.	Sodii salicyl.,	dr. v
	Sod. potass.,	dr. ss
	Tr. aconiti,	gtt. 30
	Aquæ,	q. s. oz. iv

M. Sig.—Teaspoonful, well diluted, every three hours.

R.	Antikamnia,	grs. xx

Make into four powders; one every four hours until relieved of the intense aching.

I have found the following to give good results in scarlatina:

R.	Potassii. bromidi.,	dr. ij
	Potassii. iodidi.,	dr. j
	Tr. aconiti,	gtt. 30
	Tr. belladonnæ,	gtt. 30
	Acidi carbolici,	gtt. 24
	Aquæ,	q. s. oz. iv

M. Sig.—Teaspoonful (diluted) every three hours for child twelve years of age.

R.	Carbolic acid	gtts. 40
	Vaseline,	oz. ij

M. Apply locally three times a day.

Diabetes mellitus:

R.	Bromide potass.,	oz j
	Fowler's solution,	dr. j
	Water,	oz. viij

M. Sig.—Teaspoonful (diluted) every three hours.

R. Codeia. Sig.—One grain a day, increased to two grains. Confine to a nitrogenous diet.

Whooping cough:

R.	Potassi bromidi,	dr. ij
	Ammonii bromidi,	dr. ss
	Sodii bromidi,	dr. ss
	Acidi carbolici,	gtts. 30
	Aquæ,	q. s. oz. iv

M. Sig.—Teaspoonful every three hours, for a child twelve years of age.

Digitized by Google

R. Resorcin, . . grs. 30
Aquæ, . . oz. j

M. Spray the fauces four or five times a day.

The following is a treatment par excellence for dysentery:

R. Sulph. magnesia, . . oz. iij

Make three doses; give one every hour, until the bowels move copiously three or four times from the magnesia; be sure and give two doses of the magnesia any way. This will stop the blood and tenesmus. After the free watery actions, begin the following:

R. Acidum Sulphuricum Arom., dr. ij
Tr. opium, ... dr. vj

M. Sig.—Thirty drops every three hours for pains and diarrhea.

Follow this treatment, and, if administered early in the disease, you will never have to make the second visit.

Typhoid fever:

R. Tinct. iodine, . . dr. j
Carbolic acid, . . gtts. 30
Water, . . . q. s. oz iv

M. Sig.—Teaspoonful in a wine glass of ice water every three hours.

R. Quinia Sulph., . . grs. xv

Kt. Capsules five. Sig.—One every three hours during the night, at the same hours as the above.

For hyperpyrexia, cold water, cold wet sheet or the bath. Repeat as often as needed. Diet: Milk and soups and nothing else for ten days after the patient has been clear of fever. Then you may add solids cautiously, but be very, very careful how you administer solid food to your patient until he is thoroughly convalescent. Move the bowels every other day by large injections. If tympanites be present give turpentine, ten drops every four hours in sweetened water.

In conclusion, I will say to "Lex:" In pneumonia you have congestion and engorgement of the lungs and a disturbance in the blood current. We have a stasis in the pulmonary circulation and a more or less damming of the blood current; we also have a hemmorrhage or an oozing of blood into the air cells. In H. C. Woods' materia medica we read that ipecac equalizes the circulation, thereby relieving the congestion and stasis in the lungs, and it promotes the flow of sweat. It is a hemostatic and is recommended by high authority for hemorrhage from the lungs. Therefore it lessens the oozing of blood into the air cells and diminishes the rusty expectoration. It is one of the best expectorants, and last, but not least, it unloads the stomach of bile, which I find in all these grippe pneumonias. The patients are sick at the stomach and cannot retain their medicine. This condition of affairs is relieved after the free vomiting. But if getting the bile out of the stomach was all I expected from ipecac I would not use it at all. I would just use my stomach tube and siphon it out, but in connection with unloading the stomach I get the other very valuable effects of the drug. As I said in my article, to accomplish good results it must be used in the early stage of the disease. I would not use it after hepitization is thoroughly established, but it is good preliminary treatment in all cases seen early.

J. T. ANDERSON, M. D.
CORNELIA, MO.

SOME individuals have a natural aptitude for medicine, but are forced by circumstances out of the sphere for which nature intended them. For example, we have had for some years a railroad conductor on our subscription list, and he writes that he has been taking medical journals for over twenty years, as he finds them the most interesting reading that he can find. He carries on his train a well-stocked case of medicines, and this is always ready for any emergency. He writes: "I have never had an ill result in the handling of medicine, and have never charged or received a cent for anything I have ever done for a sick passenger. I would rather take a passenger out of a case of cramp colic than go to a circus."

It is a pity that this man could not have studied medicine, and some "misfit" doctor have been a railroad conductor in his place. An ideal condition of society would give opportunity for the cultivation of talents in their natural direction, and would not force anyone into an occupation for which nature has not fitted him, and which is not congenial to him.

Digitized by Google

Quiz Department.

Questions are solicited for this column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication) will not be noticed.

The great number of requests for private answers, for the information and benefit of the writer, makes it necessary for us to charge a fee for the time required. This fee will be from one to five dollars, according to the amount of research and writing required.

Chronic Diarrhea.

Editor MEDICAL WORLD:—M. W., age 21, farmer. Has chronic diarrhea. Says his father has been troubled with it all his life. I was called to treat a sister of his with same complaint of seven years' standing. She told me when she vomited freely she did not have diarrhea, but when the vomiting ceased the diarrhea returned. Think there is scrofula in the family. Would like best line of treatment. J. D. KERNODLE, M.D.

Clarkson, O.

[The article in January WORLD, page 17, "Can Diarrhea be Inherited?" has not brought forth as much correspondence as we hoped. We have talked with a number of prominent medical men upon this subject, but this question had not before occurred to any one of them. We wish to ask again if any have noticed a tendency toward diarrhea among the children of old soldiers who have been for years victims of the chronic form of that trouble. Concerning the above cases, and the treatment of chronic diarrhea in general, we will quote Dr. R. G. Curtin, of this city, a gentleman of long and large experience and observation, with whom we recently conversed. He has not noticed any tendency of this kind among the children of old soldiers suffering from the complaint, but he has noticed this tendency to be present in certain families. As to treatment, he considers the main thing to correct derangements of the digestion; for that is almost always present and is perhaps the chief cause of the continuance of the trouble. The leading indication is to correct the diet. That does not necessarily mean to avoid fruits and vegetables. To illustrate, he mentioned the following instance: An old victim of this complaint, who had long been severely cautious concerning his diet, bought some nice peaches one day, having decided that he would rather have the peaches *and* an exacerbation of his trouble than to do without the peaches. He took them home and ate of them freely, skins and all. To his surprise his diarrhea was cured instead of increased. The Doctor thinks that the system needed an acid to complete digestion, which the peaches supplied. He was also able to bring to mind other similar cases whose diarrhea always decreased in the fall of the year, when peaches and other acid fruits were plentiful; one was particularly benefited by cider, which, as we all know, causes diarrhea in most persons. As to medicine, any medicinal aid to digestion indicated should be used. Powdered charcoal, if fermentation or excessive formation of gas be present; bismuth in some cases, and bicarbonate of soda in excessive acidity. An important aid which is itself sometimes sufficient to produce a cure is the maintenance of constant and uniform warmth over the abdomen. A woolen girdle, or an apron of from one to several extra thicknesses of flannel attached to one of the under garments and constantly worn, is a great aid. This reminds us of the old liver pad, which did much good in many cases by maintaining warmth. Some of these cases are anemic. Such should have iron. The old-fashioned tincture of iron, given well diluted after meals, is not only a very useful hematic, but an efficient astringent, which will be of use in these cases; however, the use of astringents per se has usually been abused during the early years of these cases, and in vain; hence it is necessary to aim at removing the cause, which is usually deranged digestion, or anemia. A careful adoption of the above suggestions, and persistency in their use, should lead to satisfactory management of these cases.—ED.]

Short Frenum.

Editor MEDICAL WORLD:—I am puzzled with what may be a simple matter, but to the patient, who thinks of taking unto himself a "rib," it is a most serious matter.

E. F., age 30, single, not accustomed to coitus. Prepuce not long, no phimosis, though the glans penis is always covered; no adhesions and no deposit of smegma. Prepuce can be retracted with ease over the glans, but if the retraction be con-

Digitized by Google

tinued it causes the glans to be almost doubled upon the penis, and the penis is constricted to a painful degree; especially is this true during an erection. The whole trouble seems to come from an exceedingly short and firm frenum. Would the trouble be removed should the frenum be severed? or is circumcision indicated? The advice from older heads, and from wisdom begotton of years of practice will be appreciated by

New York. A YOUNGSTER.

[Circumcision is not indicated. It seems that simply dividing the frenum would remedy the difficulty. We submitted the matter to Dr. Jno. B. Deaver, who has had large operative experience, and he confirms this view. He has repeatedly relieved similiar cases by this simple procedure.—ED.]

Numbness and Prickling Sensations.

Editor MEDICAL WORLD:—Mrs. B., age 38, married, no children; menstruation regular, bowels regular. Has had muscular rheumatism at times; very corpulent; seems to be in fair health except complains of a numbness and prickling sensation in the arms and hands at night; worse towards morning; affects her every night. I have examined the urine and find quantity normal, sp. gr. 1025, no albumen or sugar, no excess of uric acid. What is the cause of this trouble? I have had several such cases and never been able to relieve them. Any light on this subject will be greatly appreciated. DR. L. E. MEYERS.

Fairdale, Ill.

[We had a long talk with Dr. Judson Daland concerning this case, of which the following is a resume: Make examination for uric acid, not in the morning, but after dinner. The bladder should be emptied before dinner and the urine taken two or three hours after dinner. It seems probable that this is a case of what Dr. Daland calls "American gout." The characteristic of this condition is that it affects the nerves or viscera instead of the articulations, as in English gout. The visceral forms usually are gastric, intestinal or hepatic, or all combined, causing mental depression, irritable temper, headache, coated tongue, loss of appetite, general malaise, etc. What is generally called "biliousness" is frequently this form of gout. The nervous symptoms are varied and protean; the above case illustrates one of its many forms. The Doctor's treatment of American gout is as follows: Phosphate of sodium, chemically pure, one or two drams in a tumbler of hot water on rising and one hour before breakfast. Absorption should be complete before breakfast is taken; hence the lapse of one hour. Increase or decrease the sodium phosphate in order to get two movements of the bowels per day. Imported vichy water should be taken freely. If that cannot be had, or is too expensive, then a vichy lithia tablet should be taken in a tumblerful of water four or five times per day, on an empty stomach. The vichy lithia tablet that the Doctor uses is composed as follows:

Carbonate of soda,	grs 28
Carbonate of potass,	gr. $\frac{3}{5}$
Sulphate of magnesi,	gr. $1\frac{1}{4}$
Calcium chloride (fused),	gr. $1\frac{1}{4}$
Sodium chloride,	gr. $\frac{3}{10}$
Sodium arseniate,	gr. $\frac{1}{88}$
Sulphate of iron,	gr. $\frac{1}{2\,1\,0}$
Citrate of lithia,	grs. 5

These tablets are prepared for the Doctor by Frank E. Morgan, apothecary, 1629 Walnut street, Philadelphia, who supplies them at $1 per hundred—to physicians, 75 cents per hundred. In the event of these tablets not being obtained, the Doctor directs as a substitute twenty to thirty grains of bicarbonate of soda and five grains of lithia in each tumbler of water. The patient should take an abundance of water. Omit red meats and sugars, and regulate the diet so that it will be sufficient to maintain the strength, but not to favor the accumulation of flesh.

It should be said that a hysteric element is a possibility in this case.—Ed.]

Neurasthenia.

Editor MEDICAL WORLD:—Kindly submit best course for the following: Patient a young married woman, married about seven months. Subject to intermittent attacks of melancholy feelings; is gloomy, with fearful forebodings; cries and wishes herself dead; cannot be alone; in company is quite contented. She is not pregnant; changes come about the middle of the month, with much pain. She is of a very nervous disposition, excited on receiving company and

Digitized by Google

preparing meals. Cannot eat at home, but eats when away. Has had gastric catarrh with fermentation; has piles and leucorrhea. Has had no intercourse, as she wanted no children. She is a twin sister, and delicate; her sister is the opposite. Was nursed at bottle. Had wasting disease when small. Has had these spells of depression and nervousness from girlhood up, gradually getting worse. Has been a dressmaker, but could not stand it; too nervous and suffered with headaches and painful eyesight. I suggested a companion for company, but she is not satisfied; neither will she remain away for want of husband. Has taken tonics and nervines. Gave her celerina, virburnum comp., hot water for stomach before meals, and local syringing. Outside of these recurring spells she is all right. Would she be happier if she should become a mother? She is fond of children; yet from a refined sense would not have any thus far. What can we do for her? C.

Harrisburg, Pa.

[Very probably an error of refraction is present in this case; so the first thing to do is to send her to an oculist. We talked with Dr. E. E. Montgomery about this case, who, after agreeing that she should be sent to an oculist, says as follows: There is evidently a neurasthenic condition present. The best thing for this is the rest treatment; consisting of rest in bed, massage, forced feeding, etc. Usually rest-cure patients should be isolated from their relatives and sympathizing friends; that is particularly indicated in this case. She needs discipline. This woman must realize that she has a mission to perform, and she must perform it. In order to live right she must live normally. It is not right that a married woman should live according to her evident idea. She must fulfil the intentions of nature as a married woman. The urine should be examined, as it may throw additional light upon the case.—ED.]

Editor MEDICAL WORLD:—I desire to present to the readers of THE MEDICAL WORLD the following case for diagnosis and treatment: Male, aged 66 years; always healthy until four years ago. This man is a farmer and has worked hard all his life. The onset of his malady was gradual, commencing with constipation, which was at first slight, but gradually increasing in obstinacy until a period of seven or eight days would elapse without a movement, unless some artificial procedure was inaugurated. Soon after the constipation a feeling of numbness from the waist downward, affecting the whole body below the waist line, was experienced. This symptom has continued unabated up to the present time. The numbness is felt with greatest intensity in the abdomen and hips. A feeling of weight in the abdominal cavity is a prominent complaint of the patient. Digestion normal. No ankle clonus; knee jerk greatly exaggerated; Argyll-Robertson symptom not present. There is some jerking and spasm of lower extremities at times. Vertigo is a prominent symptom. No headache is experienced. Patient unable to stand with feet approximated and eyes closed. The floor does not seem irregular to patient when walking. There is inability to guide the feet to any object or to step unless the foot is guided by the eyes. For this reason the patient is unable to ascend a flight of stairs in the dark. In this case there is no pain, no thirst, no heart lesion (pulse 78 per minute), no palpitation, no fur on tongue and no history of specific disease. Tongue clean, thin and tremulous when protruded. Patient is nervous and easily excited He sleeps fairly well. Appetite somewhat diminished, although weight is undiminished. The main symptom complained of is the numb, stiff and strange sensation felt in lower part of body and lower extremities. I would like to hear from the WORLD family on the above case through your valuable journal. Also would be pleased to have the editor advise as to diagnosis and treatment. S. M. SEAFUSE, M.D.

Gillett, Pa.

[The above was submitted to an eminent authority, who declined to make a diagnosis upon so difficult a case without personal examination. The only suggestion ventured was that iodide of potassium in progressively increasing doses might be given to advantage, pending a more thorough examination of the patient, leading to positive diagnosis and suitable treatment.—ED.]

Digitized by Google

Editor MEDICAL WORLD:—Will you or some of the many contributors to THE WORLD give me a treatment for a woman who is subject to post partum hemorrhage? Is there any medicine or treatment that can be resorted to, say a month or so before confinement, that will be of benefit?

J. A. HERSHEY, M.D.
Massey Station, Ont., Can.

Palmar Eczema.

Editor MEDICAL WORLD: I have a patient for whom I would like very much to have the advice of THE WORLD readers. She has an eruption on both hands that began as a small blister or pimple, which burst and then began enlarging. It commenced near outer palmar surface and has continued in spite of my treatment until now it is near three inches in diameter, covering most of palm and extending (at outer side) to back of hand. It presents a very red and cracked or rough appearance. Seems to burrow under or destroy the skin as it goes. It is sore at edges and tender all over. I diagnosed ringworm and tried treatment for this, but failed; then I tried for tetter and still failed. It is still gradually enlarging, leaving a red, cracked or scaly-looking surface, with a raw or sore streak at the edge, where it is undermining and destroying the skin. Any assistance will be thankfully received.

J. D. USHER, M. D.
Sicily Island, La.

[This case was submitted to Dr. J. V. Shoemaker, the eminent specialist on skin diseases, who says as follows: "I judge that Dr. Usher's patient suffers from palmar eczema, which is very apt to be a rebellious affection, and which generally causes the formation of painful fissures. Dipping of the hands in water must be scrupulously avoided; the scabs may be removed by the application of a bland oil, as olive oil, or cod-liver oil; subsequently I should employ a mild dusting powder, such as calamine, oxide of zinc, etc., or an ointment containing one or two drams each of carbonate of lead or carbonate of zinc to the ounce of cold cream. As the inflammation subsides a mildly-stimulating ointment may be substituted."]

Please ask the brethren what is the best treatment for pin worms.

W. D. F. WARD, M.D.
Fortuna, Cal.

What is the formula for "Orange Blossom"? N. AIKENS, M.D.
Hamilton, Ont., Canada.

We copy the following from WORLD for May, 1891:

Orange Blossom.

Our analysis shows it to be about as follows: An oblong body, about an inch long by one-half inch wide and one-half inch thick, weighing fully two grammes (31 grains). A single fold of heavy tin-foil surrounds and encloses a light, grayish-yellow, unguentous mass, of a rancid, fatty odor, and astringent, metallic taste. The reaction very acid. The constituents are:

Zinc sulphate,	dr. 1.
Alum,	gr. 15.
Cocoa-butter,	dr. 3.
White wax,	dr. ½.
Oil sweet almonds,	dr. 1½.
Ext henbane,	gr. 1.

—*New Idea.*

Dry Cups for Lumbago.

Editor MEDICAL WORLD:—I notice in your last issue the article of Dr. Cline for the relief of lumbago. If the Doctor and your readers will use dry cups over seat of pain (I use large beer glasses) they will not find it necessary to prepare the mixture of collodion, etc., and wait two hours. The relief is prompt and permanent. Try it, and report.

Jacksonville, Fla. E. F. SABAL.

Yes, Brother, Return to the Fold.

Dr. D. W. Montgomery, of Concord, Tex., writes: "After a long absence, I am compelled to knock for admission again into the old family—by your consent. I inclose subscription, for I want to talk again with the WORLD family. I find no journal that gives as much practical work as THE WORLD."

Dr. WM CHILDS, of Church Point, La., writes: "I am proud to say, in renewing my subscription, that I like THE MEDICAL WORLD better and better as the years roll by, and that the article entitled "1897," in January number, is simply grand. Reading it made me a better man, and I hope it will prove a means of making a better doctor of me."

Digitized by Google

Current Medical Thought.

The Semi-Centennial Meeting of the American Medical Association.

The semi-centennial meeting of the American Medical Association, which will be held in Philadelphia on the 1, 2, 3 and 4 of June, 1897, bids fair to surpass in the character of the entertainment, the scientific papers and the number in attendance any meeting which has heretofore been held. The committee in charge have been able to obtain large and roomy places of meeting for the general meetings and the Section meetings, all within a single block and within very short walking distance, or immediately adjacent to the largest and most comfortable of the Philadelphia hotels.

For the week preceding and following the meeting the Committee of Arrangements have also arranged for clinical courses, which will be open, without charge, to all physicians who may visit the city at the time. These courses cover every branch in medicine and its specialties, and will afford visitors the opportunity of seeing the active clinical work of all the great teachers of Philadelphia, which is now, as it has been for so many years in the past, in every respect the medical centre of the United States.

Medical Laws in Different States.

As we receive many inquiries concerning the medical laws in different States, we republish below the table formulated at the 1895 meeting of the National Conference of State Medical Examining Boards. It must be borne in mind, however, that changes are likely to be made in one or more States every winter. For example, the recent Legislature in Indiana has passed a very good medical law, taking that State out of the class in which it appears below; the same is true of Idaho; and possibly the table below is now inaccurate in a number of other instances that we cannot bring to mind. For the latest information concerning the medical law of any State address the Secretary of State of such State.

A. *States and Territories whose Medical Laws Practically Permit any one to Open an Office to Practice Medicine:*

Alaska, Arizona, District of Columbia, Idaho, Indiana, Kansas, Michigan, Nevada, New Hampshire, Texas, Wisconsin and Wyoming.

B. *States and Territories which Merely Exercise a Supervision of the Diploma held by the Person Desiring to Practice Medicine:*

California, Kentucky, Missouri and Nebraska.

C. *States and Teritories which require an Examination for a License, but Accept the Diplomas of Certain Colleges as Evidence of that Examination:*

Arkansas, Colorado, Connecticut, Illinois, Indian Territory, Chocktaw Nation, Iowa, Massachusetts, New Mexico, Oklahoma, Rhode Island, South Dakota. Tennessee and Vermont.

D. *States and Territories that require Passing an Examination before a State Board of Examiners before Issuing a License to Practice Medicine:*

I. *A Single Board of Examiners.*

Alabama, Indian Territory, Cherokee Nation, Maine, Minnesota, Mississippi, Montaua, New Jersey, North Carolina, North Dakota, Oregon, South Carolina, Utah, Virginia, Washington, West Virginia.

II. *Two Boards of Examiners one of them Homeopathic:*

Delaware, Florida, Louisiana and Maryland.

III. *Three Boards of Examiners. One of them Homeopathic, and another Electic:*

Georgia, New York and Pennsylvania.

E. *States from which no reply has been Received to Letters of Inquiry:*

Indian Territory—Creek Nation.

Is Privacy Disappearing?

I have recently taken notice of an unusual increase in the exhibition of certain useful, if not ornamental, wares in our drug-store windows. I allude to the profusion of fancy boxes, prominently displayed and obligingly laid open, presenting a variety of rubber bags and cunning little pipes of assorted sizes to fit the (supposed) private orifices of poor humanity. These exhibits are, in many instances, enriched by trusses to uphold ruptures and abdominal belts for pendulous bellies, to say nothing of the many pretty appliances to support the testicles. Surely persons who are in need of such

Digitized by Google

articles might "inquire within" for them, and it is hardly necessary to excite the curiosity of school-girls and youthful idlers of both sexes as to the meaning of these funny little pipes and bags. The customary display of the bivalve speculum, pessaries and huge obstetrical forceps, in the modest pawnbroker's store, sinks into insignificance when compared with the galaxy of "fore-and-aft" contrivances that greet the inquisitive gaze of young people who will learn their uses soon enough.—*Louis Lewis, M. D., in Medical Bulletin.*

["When we were boys," that blissful time that will never come again, we knew little and cared less about the mysteries of feminine underwear. Now, if we venture into a dry goods store, or even pass the windows on the street, all these "mysteries" are boldly flaunted in our faces.—Ed.]

The Treatment of Appendicitis According to the Authorities.

Prof. Jno. Wyeth advises an operation in every case of appendicitis. He says: "The materia medica possesses no agent that can prevent infection of the peritoneum from a diseased appendix, or that can cure the disease when once established." He says further: "In my entire experience with this lesion, I have yet to see a death which could not properly be ascribed to delay in timely and skillful surgical interference." McBurney says: "That if a mild case does not begin to improve in 36 hours, operate." Deaver, of Philadelphia, says: "Early operation is a conservative and not a radical procedure," and advises the surgical treatment of all cases. Murphy operates on every case as soon as the diagnosis is made, even when the temperature is not above 99° F., and the pulse not above 80. White advises an operation in mild attacks of appendicitis, if the symptoms are more severe at the end of 48 hours, or earlier, if there is much pain and tympany. Dr. Norman Bridge believes that the disease is always a surgical one, and operates at the end of 36 hours if there is no improvement. Dr. Robt. T. Morris says: "Operate as soon as an accurate diagnosis of infective appendicitis can be made." Gerster advises laparotomy and removal of the appendix whenever severe symptoms persist and increase for more than 48 hours. Dr. Samuel Lord, of New York, operates on all cases at the earliest possible moment, and so does Prof. W. F. Westmoreland, of Atlanta.

Dr. Louis Tiffany says: "The pulse progressively increasing in frequency, the temperature rising or remaining high, acute pain on pressure in the right iliac fossa, near McBurney's point, constipation present, with or without a swelling in the right iliac region, rigid right rectus, are the indications which call for an operation.

Dr. W. T. Bull, of New York, is in favor of an early operation, his dictum being: "The more rapid the development of symptoms, the earlier should the surgeon interfere."

Sir Fred Treeves, of London, maintains that the use of a knife is not called for before the fifth day, except in the presence of very emphatic symptoms. Keith, of Edinburgh, is very conservative in his views. He says: "The pendulum has swung too far toward the surgical treatment of appendicitis, and the time is coming, as it has already come in regard to removal of the ovaries, when a definite stand must be made against the indiscriminate removal of the appendix." W. W. Keen, of Philadelphia, is also of the opinion that some of the American surgeons in particular are too radical in their ideas concerning this affection. He says: "Medical treatment has still its place, and medical men must continue to have special interest in this disease." Dr. Hunter McGuire, of Richmond, claims that if he can prevail upon physicians not to be too hasty in removing the appendix, he will have accomplished a good work.

Swain maintains that in view of the fact that 90 per cent. of all cases recover spontaneously, operative interference in most cases is unjustifiable. He says: "An operation is indicated if pus has formed; and if there is uncertainty as to pus formation, the operation should be delayed." During a discussion upon this subject at the Congress for Internal Medicine, at Leipsic, the prevailing opinion was a very conservative one in regard to surgical interference. Millard,

Digitized by Google

at a recent meeting of the Societe Medical des Hospitaux, advised the medical treatment of this disease almost to the exclusion of surgical measures, and all of the physicians present agreed with him in this opinion. In view of such great differences of opinion among the authorities, an ordinary practitioner scarcely knows how to proceed in the treatment of this disease, but has this assurance, that whatever course he might pursue, whether of a radical or conservative nature, he will have the sanction of some of the highest authorities in the land.—*S. W. Med. Rec.*

Class Room Notes.

[From College and Clinical Record.]

There are few absolute rules in the practice of medicine.—*Parvin.*

Hysteria is a *bona fide* affection, with as distinct and characteristic symptoms as any other nervous disease.—*Dercem.*

In *Cattarhal Inflammation of the Uterus* the best treatment is curettement followed by tampons of Churchill's iodine.—*Parvin.*

Prof. Coplin doubts whether there ever occurs a case of croupous pneumonia which recovers without *Pleuritic Adhesions* being formed.

In *Fracture of the Nasal Bones* do not expect to obtain crepitus if the patient is not seen early, as this is prevented by the rapid infiltration which occurs.—*Brinton.*

Acetanilid is contraindicated in *Pulmonary Tuberculosis* because it increases the sweating and the cyanosis, besides its general depressing influence on the system.—*Hare.*

In the *Croupous Pneumonia of Alcoholics* the ordinary symptoms, as pain, cough, fever, and dyspnœa, are apt to be absent, so that the careless diagnostician may not early recognize the affection.—*Wilson.*

In ordinary *Skin Wart*, when favorably located for such treatment, as on the scalp, the repeated application of ordinary castor oil is an efficient and agreeable remedy.—*Hearn.*

In *Internal Strabismus* tenotomy on the rectus internus corrects about 50 per cent. of the anomaly. If the strabismus does not exceed 25 degrees the remainder may be relieved by advancement of the rectus externus.—*De Schweinitz.*

In all obscure fractures about the *Shoulder* a shoulder-cap should be applied for protection and support. It is best made from pasteboard or shellac, rendered soft by placing for a short time in hot water previous to being molded to the shoulder.—*Brinton.*

In the majority of cases of *Uterine Fibroids*, operative treatment can be avoided if the proper symptomatic treatment is practised.—*Parvin.*

In *Gradual Dilatation of the Urethra*, first introduce a soft rubber bougie to smooth out the mucous membrane. This will lessen the danger of injury when the metal dilating bougie is introduced—*Hearn.*

It is especially important that the physician be capable of promptly recognizing and understanding the significance of *Skodaic Resonance*, as it is invariably the key to conditions existing elsewhere in the lung structure.—*Wilson.*

In a case of *Leucoplakia Buccalis*, shown in his clinic, Dr. Kyle prescribed a mouth wash of potassium chlorate, and had the white patches touched daily with pure tincture of iodine. For internal use he prescribed $\frac{1}{24}$ of a grain of the double sulphide of arsenic as a systemic measure.

In cases of inflammatory *Eruption on the Faces of Children* between the ages of one and four years, the affection is almost invariably eczema. The most important etiological factor in these cases is improper food, and the consequent digestive disturbances. It is not more common in the lower than in the higher classes of society.—*Stelwagon.*

To prevent *Ecchymosis of the Eyelid*, or "black-eye," after injuries about that organ, paint the parts with the following, not applying it where the surface is broken:

R.	Muc. acaciæ, ...	f oz. ss
	Tinct. capscii, ...	f dr. j
	Glycerini, . . . q. s.	f oz. j.

—*J. Chalmers Da Costa.*

The use of the *Uterine Sound* to reduce retrodisplacement of the uterus, although recommended by some textbooks, is never to be resorted to. The

Digitized by Google

dangers, from liability to perforate the organ, of carrying infection into its cavity, or of injuring its mucous membrane lining so that germs that are already present may invade the tissues, are too great to warrant the risk. The sounds should never be used for this purpose.—*Montgomery.*

In the treatment of *Tubercular Joints* the surgeon should always aim at, rather than away from, ankylosis. Not that ankylosis is desired, for it is a matter of clinical experience that in these cases joints have been kept in perfect fixation for years, and perfect movement retained. —*H. A. Wilson.*

Dr. Kyle recommended for the treatment of *Enlarged Tonsils*, of the soft, boggy variety, the careful cleansing of the crypts with hydrogen peroxide and cinnamon water, equal parts, and, after drying with a pledget of cotton, the local application of dilute hydrochloric acid in each crypt. If, however, the tonsil be fibrous, he recommended the removal of a portion of the tonsil.

In *Inoperable Carcinoma* Prof. Hearn has found that no remedy does so much to hold the disease in check and secure rest and comfort to the patient as acetum opii. He begins with 10 to 15 gtt. doses and increases as this becomes insufficient. Chloral may also be added. This preparation is better borne by the stomach and does not constipate so much. In these cases disregard the opium habit.

Every *Pregnant Woman* should drink at least a quart of water, or its equivalent, daily, and should eat freely of fruits. These will tend to keep the excreting organs acting freely, which is so important during this period of a woman's life. The danger of eclampsia is in direct proportion to the activity of these functions, and not, as has been supposed, to the amount of albumin in the urine.—*E. P. Davis.*

An able surgeon never fears *Hemorrhage* from an open wound. It is in them a frank enemy. Concealed hemorrhage is the thief that comes in the night. In large dissections ligate the larger, central vessels in the wound so far as possible, and many bleeding points may be checked by a single ligation.—*Keen.*

In *Peripheral Neuritis*, due to cold, with suspected rheumatic tendencies, and accompanied by great soreness, glistening and tingling of the skin, great benefit will generally be obtained from the administration of salicylate of soda increased to 20 grain doses, t. i. d. When the acute symptoms subside, supplant it by bichloride of mercury, in $\frac{1}{12}$ of a grain dose.—*Dercum.*

In a case of neglected *Irido-cyclitis*, occurring in a little girl, in which there was severe inflammation and anterior synechia had formed, Prof. De Schweinitz kept the pupil dilated by instilling atropia twice daily, and ordered hot compresses to relieve the pain and stimulate absorption of inflammatory products, calomel for its alterative effects, and arsenic and iron as a tonic to the general system.

Our Monthly Talk.

Many of our subscribers make comments concerning THE MEDICAL WORLD when renewing their annual subscription. We wish to encourage this, and will take this occasion to request our readers at any and all times to express themselves freely to the Editor. We have our clerks instructed to save out letters containing comments of interest, for the eyes of the Editor. Among the thousands of letters recently received a large number were saved out, and I have only recently gotten to them. Many of the comments were concerning this column, and the requests for its continuance are very urgent. Physicians are beginning to realize that they must look to their interests as citizens—that they must be citizens in the complete sense of that term as well as physicians. They realize that their interests are identical with the interests of the masses of the people whom they serve. When the masses prosper, they prosper; when the masses suffer, they suffer. The question with them is, what measures will favor the permanent prosperity of the masses of the people? These measures physicians must favor; not only because it is to their pecuniary interest, but also because it is right.

It is plain to everyone that the interests of the trusts and the interests of the masses are not identical. Trusts and monopolies of all sorts live off the people. Railroads, telegraph companies, express companies, etc., charge "all the traffic will bear," instead of performing their highest function, that of performing the greatest possible service to the people with only a reasonably profit above the cost of the service. It is plain that physicians belong to the peoples' side; that they should favor those means that will crush monopolies and trusts,

Digitized by Google

and place the great public utilities (transportation and telegraph service, banking, etc), under such regulations that the object will not be to demand "all the traffic will bear," but the greatest possible service to the people.

It is only fair to state that of the letters above referred to, two or three took exception to the work that the Editor is doing in this column. I wish to state here that by reason of the power that an editor naturally has over his own columns, I do not wish to be unfair or partial in the least degree. Hence, I wish to say that if anyone has any real argument to present against the doctrines that have been promulgated in this column I will cheerfully give him an opportunity to present them. For example, I have advocated a Government telegraph as against a monopoly private corporation telegraph. If anyone has any arguments in favor of continuing our present monopoly corporation system, and against a Government telegraph which would be a part of the postal service, let us have them. The same concerning postal savings banks. I have tried to make it clear that if every post office in this country had a savings bank department, it would place a savings bank of absolute security in the reach of every citizen in this great Republic. The encouragement of thrift and the increase of patriotism caused by this measure would be very great indeed. At present, people of small means have no absolutely safe place to put their savings. Savings banks are maintained only in large cities, and their frequent failure has been a sad warning to many who have trusted them. Rich people have hundreds of millions of dollars in United States bonds and they are absolutely safe. Poor people should have an opportunity to place their savings with the Government, so that they would be equally secure. A measure like this would bring many millions of small depositors to the government, and this would make them more patriotic citizens, more thrifty men and women, and better patrons for doctors. The help to the Government is a secondary matter, but this would also be very great. For example, a law like this would have rendered the issue of bonds in recent years unnecessary. As we have before said, Postal or Government Savings Banks have been established in most of the leading countries of the world and have been successful and satisfactory without exception. If any of our readers know any argument against them, please send it along. As we have before said, every civilized country in the world has a Government telegraph as a part of its postal service, except Honduras, Bolivia, Cyprus, Cuba, Hawaii and the United States. Thus, we are keeping company with tenth-rate nations. Do we belong there? Shall we remain there? Most of the progressive nations of the world have a Government savings bank system, but our nation is not in this progressive list. Shall we put it there?

During the last campaign we advocated, as being in the interest of the masses of the people, and hence of physicians, the unlimited coinage of silver and gold in the legal and historic ratio of 16 to 1. I have nothing to retract that I have said or written upon this subject; but at the same time, I have always claimed that the silver issue is only a small part of our financial problem. With many the financial problem is a matter of standard of value, and they sincerely believe gold to be the best possible standard, and that a double standard would be awkward, illogical and well nigh impossible. Let us consider for a moment the question of a standard of value. The English law says that a pound sterling shall consist of 123.274 grains of gold $\frac{11}{12}$ fine, and it makes this pound its monetary unit, its standard of value, and gives it the power of absorbing all other kinds of property, and requires taxes and all kinds of obligations to be paid in these pounds sterling. Other leading countries show the same favor to this product, and our country at present coins all the gold presented into dollars of 25 8-10 grains, $\frac{9}{10}$ fine, and this dollar is the only dollar that is a legal tender for all purposes under our present laws It is not strange that the inceeasing and exclusive favor given to this one product (gold) during recent years has increased the demand for it, and hence increased the value of it. Conversely, the demonetization of silver has decreased the demand for silver and hence decreased its relative value. But while the legislative and administrative favors to gold have increased its value, the relative value of all other products as measured in gold has decreased. The question is, is it fair, is it just, is it prudent, to give all the legislative favors to one product and hence debase all other products? If gold were not thus favored, it would fall in value as much or more than silver has fallen. If silver had not been sacrificed, it would have maintained its value along with gold. When we have the privilege of paying in either of two substances, we naturally choose that substance that is easiest to get. That universal choice so increases the demand for that particular substance that its value is increased, and the decreased demand for the other substance decreases its value; hence the value of the two substances approximate and are maintained substantially the same. This was true of silver and gold until the demonetization acts in the early '70's. The tremendous and ruinous fall of prices under the exclusive gold standard shows that this standard is unstable and unreliable. The ideal standard is one under which prices will remain stable. The fall of prices of products in general indicates a rise of price of the standard of value—at present gold. This is a fatal objection to any standard. Under a double standard, silver and gold, if one should rise in comparison to the value of products in general, the burden of exchange will be transferred to the one that does not rise. The increased use of this one

Digitized by Google

will tend to raise its value, and the decreased use of the other one will tend to decrease its relative value until they approximate again. Hence, an equilibrium is automatically maintained.

If two standards are better than one, then many standards would be better than two; for both silver and gold might rise in value as measured in other products. Thus the same objection might obtain to the silver and gold standard that at present obtains to the gold standard. All values are relative. There is no justice in measuring values of all products either in gold or in gold and silver combined. As all values are relative, every product ought to play its part in establishing a standard. For example, a gold miner should not have the privilege of fixing the value of all other products by his product; nor should a gold and silver miner combined have this privilege. The farmer and coal miner have as much right to establish the value of the product of the gold and silver miner as the gold and silver miner has to establish the value of the products of the farmer and coal miner. This is so axiomatic and so just that no one, except those blinded by prejudice or personal interest, can take exception to it. The ideal, just standard would be to calculate the standard of the dollar according to the quantity and relative values of each and every product. This, however, would be an impossible problem, as many kinds of products are unimportant. But justice would be satisfied by taking, say fifty or one hundred of the leading products of the country and establish a value in harmony with the general average among all these. This is what is called the multiple standard. It is directly opposite to the single standard, whether that single standard be of gold or any other single substance. A double standard, that is, a standard consisting of both gold and silver, is a step, but only a step, toward the just multiple standard. With the multiple standard the dollar could not consist of each of the fifty or one hundred leading products; for it would be impossible to coin a coal dollar or a wheat dollar. The dollar must be a paper dollar (as most dollars in actual use are), and the value of this dollar should be determined from time to time, say monthly, quarterly, annually, or whenever occasion might arise, by a Government commission on the basis of the multiple standard above mentioned. In this way all industrious producers of our leading and necessary products would be protected against any abnormal fall in prices, for any such fall would immediately be met by a new average; and purchasers would be protected against any abnormal rise in prices, for any such rise would immediately be met by a new average.

It is easy to see that under a regime like this any doctor who has an industrious clientele would also have a prosperous clientele. Then we would not receive letters from doctors saying that their people are industrious and produce bountifully, but the prices are so low that they can scarcely get money enough even to pay their taxes. Stimulated by a just monetary system as above indicated, there would be no reason for the present widespread idleness, want and misery. A normal dollar will bring normal rewards to industry. The gold standard dollar is an abnormal dollar; hence our abnormal conditions. A dollar based on both gold and silver would be nearer normal than the gold standard dollar, but it would still be abnormal. The multiple standard dollar would be a normal dollar, and it would give us normal conditions.

The normal dollar, based on the multiple standard, is engaging some of the most advanced students of economics. What is said above is merely suggestive. The details are yet to be worked out. There can be no doubt that the real solution of the money question lies in this direction. C. F. T.

☞ *Cut "Our Monthly Talk" out every month and have it published in your local paper.*

DR. JOHN H. JAMES, Anderson, Ind., writes: "When I was a boy, physicians could collect 90 per cent. of their bills. That was when we had 16 to 1, and a per capita circulation of over $50 00 to every person living in the United States. Now, under a gold standard, a physician does well that collects 40 per cent. of his accounts, and things are growing worse."

DR. CHARLES A. LITTLER, of Jackson, Mich., writes: "If doctors would study Dr. C. F. Taylor's articles on political economy, they would know enough in time to cast an intelligent ballot in favor of their own interests."

DR. J. D. EDMUNDSON, of Orland, Cal., writes that the wave of prosperity has not yet come his way, and he fears that it will not until we make a better solution of our difficulties than a higher tariff. He takes advantage of our offer of "A Physician as a Business Man" for 50c., hoping this will help him out until prosperity really arrives.

The editor of a prominent daily paper of large circulation writes us as follows:

"In behalf of Government ownership of railroads are countless facts and arguments of the most overwhelming description. It would stop inequality in rates; stop discriminations against localities and against individuals, corporations and firms, and greatly restrict the powers of trusts in consequence; all profits would go to the Government, or the Government might transport in behalf of the public at cost, and railway extortions would cease; thus trade would be greatly stimulated, and passenger traffic would be greatly increased and suburban properties be built up, and the pressure now upon narrow and contracted cities be reduced and the whole people be made better off through the easier means of intercommunication."

Digitized by Google

SUMMER diseases will soon be on us. Consult your records for last year and give us an article immediately, so that your experience last year will help the brethren this year. Do it *to-day* if you can possibly spare the time.

HOW TO SUBSCRIBE.

Guess we would better print the following again from January WORLD. If there is any special reason why you can't pay when you order, say so, and say what you *can* do. If you want THE WORLD, we want you to have it, and will make any reasonable arrangement to meet special conditions. But those who have an irresponsible habit of ordering and putting off pay day, which frequently never comes—those so afflicted cannot come with us unless they break their pernicious habit.

"A word as to how to subscribe for a medical journal. Some write on a postal card: "Please enter my name on your subscription list for 1897." Others write a letter saying: "Please continue my subscription to The Medical World," but fail to enclose the subscription price. It is said that some publishers are glad to get any excuse to put a new name on their list, and that they continue the paper from year to year without authority, and, finally, put the accumulated account into the hands of a collection agency, and begin a process of "hounding" the doctor. Well, we don't do that. We say, if you want THE MEDICAL WORLD, pay for it when you order it. That is the only business way. And when your subscription expires, renew it by sending the price again if you want it continued. We can't live on used postal cards, and we don't want accounts of $1 00 each scattered all over the country, and you don't want such accounts against you.

"Our mission is to benefit the medical profession. It sadly needs benefit in a business way. If we can inculcate the habit of paying cash, we will be doing much for the profession. On the other hand, make prompt collections from your patrons. They will respect you all the more for it. We now have our readers so trained that we get very few postal card subscriptions; but we don't want *any*."

DON'T forget the Hypodermic Syringes. A $2 syringe and WORLD for '97, for $2.

AN enterprising subscriber in a Southern State, after having taken advantage of our offer of WORLD for 1897, and a thermometer for $1.50, writes: "I sold the thermometer for $1.25, leaving cost of WORLD only 25 cents."

J. C. BURLINGTON, M. D, Attica, Ind., writes: "I have begun to realize what an immense intellectual feast I have missed by dropping out from WORLD two years ago, but I will try and make amends by having it constantly on my desk in future."

DR. JOHN H. POOL, South Mills, N. C., writes: "With THE WORLD and the ideas fresh from its pages, a very ordinary man ought to make a good physician. In many trying times it has lifted me over a hole and added to my reputation and brought new patients."

Wit and Wisdom.

WHY is the baby like wheat? It is first cradled, then thrashed, then becomes the flower (flour) of the family.

USE dosimetric granules made by the Philadelphia Granule Company. Send for their price list and give them a trial order. If you are not acquainted with their granules, send postal for their price list, *to-day*. 10 S. 18th St., Philadelphia.

SEE the offer of prizes this month beneath contents.

SCHIEFFELIN'S page is always interesting. See the changes this month.

REMEMBER that entire wheat bread is a good thing for invalids, convalescents and poorly-nourished people.

BRAUNSCHWEIGER MUMME—don't be afraid of the name. It is what your convalescents need to build up on. A liquid food, a liquid bread. Helps weak mothers. Try it.

WE put Messrs. Flavell's page in a handy place for you this month, page iii, just over from title page. Take a look at it. These gentlemen are devoted to their business, and take the most careful pains with each order. Bear this in mind and you will have occasion to give them an order about every month. Do not some of your patients now need an elastic truss, an abdominal supporter, a uterine supporter, or an elastic stocking? Don't let them "swag" any longer, but brace up the weak points.

SEE Betz's bath apparatus adv. and send for circulars. You will not regret it. He is enterprising in the right way. He gives the best and latest devices, and at "hard times" prices.

MICAJAH'S uterine wafers have recently been put to a new use. Turn to their page and note it.

HAVE you sent for catalogue W? If not, send a card to the Deimel Linen-Mesh System Co., 409 Pearl street, New York, N. Y., for one. The proper wear next the skin is an important matter. Consider it carefully. It is as important in summer as in winter.

EDW. L. H. BARRY, JR., M.D., Jerseyville, Ill., says: I have used Aletris Cordial with excellent results in the following: Miss R., 19 years of age, brunette, well-developed, but

troubled with dysmenorrhea, called at my office, and after explaining her affliction said, "Doctor if there is anything you can prescribe to relieve my suffering do so, for life is a burden to me now." I thought of the Aletris Cordial at once, and gave her a six-ounce bottle, directing her to take a teaspoonful three times a day, commencing four or five days before the regular period. Several weeks afterward she returned with the empty bottle, remarking, "I've come back for more of that medicine, for it's the only thing I ever had to give me relief." I can cheerfully recommend Aletris Cordial to the profession.

DON'T you think that Mr. Chas. Marchand did a good thing for the profession when he introduced his peroxide of hydrogen? Are you acquainted with his glycozone and hydrozone? Both these are improvements on the first preparation.

PROSPERITY, PA., April 10, 1893.

As far as I have used the samples you kindly sent, they have proved all you claim for them, and *even more*. I am well pleased with them. I use Freligh's Tonic every day—would not do without it. E. H. CARY, M. D.

Class of 1864.

IT is a noteworthy fact that the opposition to the serum therapy of diphtheria is now admitting cure from the serum, but argue that the cure is due to the carbolic acid, which they say antitoxin always contains. Mulford's Concentrated Antitoxin contains no carbolic acid, and never did. Mulford's Antitoxin is preserved with trikresol, in the proportion of one-half of 1 per cent. Aside from being a valuable antiseptic agent, trikresol is not known to have therapeutic value, especially in the small quantities, 3-20 to 12-20 of a minum, in which it is administered in the use of Mulford's diphtheria antitoxin.

SEE offer of prizes beneath Contents, this month.

ALWAYS have Messrs. Parke, Davis & Co.'s catalogue handy, as you can refer to it for anything you need. It will be of great service to you in many ways. Had for the asking; a postal card will bring it to you.

Crush those pills! But most pills can't be crushed. They are like bullets. How do you think they are in the stomach? You can crush Upjohn's pills between thumb and finger, and reduce them to powder. Try it. Go to the nearest drug store to-day and ask for an Upjohn pill and crush it just for fun. Then, every time you prescribe pills you will think about it.

PALE face, ashen lips, weak, miserable, bloodless patient. Why? Because you haven't thought to put her on Bovinine. Think of it to-day and do it; and in a few days you will notice the color returning, the eyes brightening and the step more elastic; bringing joy to the hearts of the family. The rationale is simple. If blood is needed in the system, *put* it there by giving bovinine. See illustration in adv. in this issue.

READ Wm. R. Warner & Co.'s adv. and write to them for their prescription blanks, visiting records, etc., free to the medical profession.

WHEN you are puzzled, give Fellows' hypophosphites. You can scarcely miss the mark with it. It is just the thing just now for a spring tonic.

CASCARETS come to us this month. See the page devoted to them. Cute cathartic candy cascarets. Just the thing for children and grown people, too. A box to you free. When you see them and try them you will forget all about oil—ugh! Turn to their page now and ask for a sample box free.

DANIEL'S PASSIFLORA INCARNATA.—This well-known remedy has been on the market for a number of years and has earned a degree of popularity seldom attained by other like preparations, due solely to the fact that it possesses real merit, and has ever been maintained up to the highest standard of excellence. Many eminent physicians have highly endorsed this preparation and both constantly use and prescribe it in all sections of the country. It is especially commendable in cases of spasms, tetanus and all nervous diseases, and has been prescribed with great success in cases of delirium tremens and in typhoid and other fevers. Write for particulars to the well-known and thoroughly reliable firm of Jno. B. Daniels, 34 Wall Street, Atlanta, Ga.

DO you give the fat babies the advantage of Fehr's Compound Talcum Powder? Being fat is not their fault, but if you allow them to suffer discomfort it is your fault. Fat grown people need this powder, too. It is not expensive—not sold at a fancy price.

YOUR opinion of the bicycle is likely to depend on the kind of saddle used. See adv. of the "Christy."

The greatest element of the cost of mineral waters at home is the transportation. You have plenty of water at home, but it isn't the right kind. But if you have the right stuff to put in it, you can make it the right kind. The Ripley Company, 159 West Twenty-third street, N. Y., has struck the idea. No use hauling their water all over the country; so they evaporate the water and make tablets of the remaining salt. See their adv.

SEE illustrations of the Allison operating table and cabinet. Can you imagine anything more perfect? Write for catalogue.

YOU perhaps have patients who must wear an elastic stocking constantly. To get a new one occasionally is expensive. Try the "Master" (Pomeroy Co.), which stays in its place better, and lasts much longer than the ordinary.

THE Globe Manufacturing Company, Battle

(*Continued over next leaf.*)

The Medical World

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World.

C. F. TAYLOR, M.D.,
Editor and Publisher.

Subscription to any part of the United States and Canada, ONE DOLLAR per year. To England and the British Colonies, FIVE SHILLINGS per year. Postage free. Single copies, TEN CENTS. These rates must be paid *invariably in advance.*

We cannot always supply back numbers. Should a number fail to reach a subscriber, we will supply another, if notified before the end of the month.

Pay no money to agents for this journal unless publisher's receipt is given.

ADDRESS ALL COMMUNICATIONS TO

"THE MEDICAL WORLD,"
1520 Chestnut Street,
PHILADELPHIA, PA.

VOL. XV. JUNE, 1897. No. 6.

Organization.

While you are reading these lines, the American Medical Association will be holding its jubilee meeting in this "City of Brotherly Love," where it was born, fifty years ago. The policy of this association is to meet in a different city each year. During its existence of half a century it has met in all portions of the Union, from the Atlantic to the Pacific and from the Canadian border to the Gulf, and now, on its fiftieth anniversary, it is fitting that it should return to Philadelphia, the city of its birth.

The average membership of the Association is about five thousand, while there are over hundred thousand physicians in the country. And these five thousand largely mold the thought and wield the influence of the profession. Such is the power of organization and concert of action.

Are you a member of your local medical society, and of your State society, thus becoming eligible to membership in the National organization? If not, can you afford to stand alone?

We are speaking to homeopaths and eclectics, as well as to regulars, for the same argument applies to all. We can address all the schools, for physicians of all schools read THE WORLD. If we had our way there would be only ONE school, and that would include all men of honesty and education in all schools. It is a great pity that narrow views obtained in earlier years, which led to a separation of our forces. The profession of medicine should be large enough for all truth from all sources. If any physician wishes to practice according to any set rule, it should be his privilege; although we should in all friendliness and fraternity endeavor to show him that by limiting himself to any set rule he is narrowing his sphere of usefulness. But this is no reason why we should cut him off from our association—the opposite, rather, for if we think he is wrong, he needs our association all the more. By cutting him off we only widen the breech, and rob ourselves of the help he might be to us, as well as robbing him of our own assistance. We have many times published our regret

Digitized by Google

that the narrow and unfraternal course was pursued in early years, establishing separate existence of "schools of medicine." There should be only one school of medicine, and that should embrace all earnest investigators. We have not given up hope that this may some time be accomplished.

But to return to our subject. Can you afford to stand alone? In your community you are stronger with the co-operation and sympathy of your fellow-workers. This strength increases if this co-operation is extended to State and National scope. You are stronger in the opinions of men as a part of a great whole than as a "single fagot."

Only a fractional part of the laboring men of this country belong to labor organizations; yet this fraction maintains wages to a much higher level than would be possible without organization. The difference between civilization and barbarism is organization. We have progressed from tribes to nations; and the nations are being bound together more and more intimately by treaties, the international postal union, etc.

And are you standing alone as one single doctor, without a membership in any medical society? If so, your influence does not and will not count for much. If there is no medical society in your community which you can join, form one; if this is not practicable, join the nearest one to you, even if in the next State. Being a member, you will have an opportunity to help mold its thought, and determine its action.

Rutland Aided Medical Legislation.

In his circulars Fred. Rutland advises his "graduates" to confine their practice to certain states, naming them. This has proved a stimulus to the sentiment favoring medical legislation, in those states, and in several instances it has borne important fruit. Wisconsin, the state that gave Rutland his charter, felt the shame of it and passed a medical law promptly after the exposure. We sent a large number of March WORLDS, containing the exposure, to physicians in Wisconsin. That state can now lift up her head without a blush of shame. Indiana also passed a good medical law, as did Idaho and New Hampshire. In Idaho, Rutland's unwitting assistance helped to hurry the bill through. One of the legislators purchased a Rutland diploma and exhibited it in the legislature. This caused a number of hesitating law makers to decide, and the bill was passed without difficulty. Still a few otherwise progressive states lag behind, but if another Rutland diploma mill gets into full blast about the time of the next meeting of the legislature in those states, they can probably be stimulated to action. There is scarcely anything in which there is absolutely no good. Even Rutland has done some good in stimulating the advancement of medical legislation.

It is fortunate that most, if not all, the legislation is disposed to treat the various "schools" fairly. Either mixed boards, or separate boards of examiners are provided, so that the fitness of each applicant can be tested by representatives of the particular school which he proposes to practice. It is unfortunate that there is any division. The science of medicine is broad enough to embrace all "schools," and include all in one school; that school need have no name except medicine; its members need have no name except physicians. No distinctive title for school or individual. When this is accomplished we will be a united brotherhood.

THE National Confederation of State Medical Examining and Licensing Boards will meet in Philadelphia on Monday, May 31st. The program is an

Digitized by Google

attractive one, showing that they are doing good and useful work. For example, there will be a report of the committee on minimum standard of requirements, and discussion and action thereon. The object of the confederation is to consider questions pertaining to State control in medicine, and to compare methods in vogue in the several States; the collection and dissemination of information relating to medical education, and to consider propositions that have for their purpose advancement of the standards in the United States. This is a step which, we hope, will lead to a uniform standard throughout the United States. Then perhaps we can get some National medical legislation, perhaps leading to a certificate or license that will entitle the holder to practice anywhere in the Union regardless of State lines.

DOCTORS, our discussions on diphtheria and other subjects are extending into hot weather, and our discussions on hot weather diseases have not yet begun. If some of our enterprising and "long headed" subscribers will always write from last year's experience, just before the season for certain diseases to begin again, they will be certain to find a place in the columns of THE WORLD, and have the satisfaction of starting the discussion. We have suggested this course in the last two issues, but you are "backward about coming forward." Any one can write about summer diseases in September, but it is only the careful, record-keeping, systematic man that can write about them in April. Please let July WORLD be filled with seasonable matter from all parts of the Union. Articles for July number should reach us by June 15th, and as much earlier as possible.

One of our readers expresses the hope that some one will contribute a good article on arterial sclerosis. He has been examining medical magazines for the last five years for literature on this subject, but has found very little.

Original Communications.

Short articles on the treatment of diseases, and experience with new remedies, are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month for publication in the next month. Unused manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

READ. REFLECT. COMPARE. RECORD.

Treatment of Hysteria.

Editor MEDICAL WORLD:—From time to time I notice in the various medical journals lengthy articles on the treatment of hysteria. The text books recommend tonics, anti-spasmodics, dietitic and hygienic managemeut, etc., etc.

It has fallen to my lot to see a great many of these peculiar cases, and I must confess that I have yet to see a case in which I did not suspect that there was "something lacking in the upper story." These patients are of an unstable, nervous make-up, love sympathy and notoriety, and will resort to all sorts of methods and practices to secure them. I used to treat these cases in the old stereotyped manner, and secured, I suppose, an average result, *i. e.*, "they went to the next neighbor."

When you look at one of these poor, pitiable, sympathy-begging, curiosity-seeking individuals, with aphonia, enlarged knee, paralysis of limb, globus, or in a general clonic convulsion, you are reminded of that trite and truthful expression of the late W. A. Hammond: "It looks like they will not; they say they cannot; but the truth is they cannot will!" After some painful experience, it must be confessed that a diagnosis should be reached with the utmost care and painstaking analysis of symptoms, for the phenomena presented in one of these cases may so completely simulate those usually found in other and graver diseases as to mislead us entirely. The worst cases to correctly

Digitized by Google

diagnose are those where some serious disease is present, and hysterical symptoms coexist, as, for example, uremia, meningitis, cerebral hemorrhage, etc. It does seem that there is that certain inborn or acquired mental make-up which so thoroughly and completely stamps itself upon the every act and thought of these poor creatures that in the very agonies of death a close observer can discern it. Why? From cells, cells must come; and the cells that come are like the cells from whence they came, modified only by environment. So that we can see how education, social conditions, etc., may tend to add to or subtract from an inborn proclivity to hysteria.

But I am digressing from the first object of this communication, and that was the therapeutics for certain hysterical manifestations, especially hysterical convulsions, coma, paralysis, etc. But before speaking of the therapy for these conditions, I wish to mention a ready method of making a differential diagnosis between cerebral apoplexy and hysteria. When called to a case in which doubt exists, if you will pour some aqua ammonia on a handkerchief and hold it to the patient's nose (cautiously to be sure), if it is one of hysteria there will be manifested an instantaneous desire to "come out." They cannot and will not stand such pungent odors. I owe this suggestion to Dr. Charles Long, of Pierceton, Ind. Now as to the treatment of the above-named conditions, viz., convulsions, coma, paralysis, etc., I make short work of them as follows: After making sure that there is no error in the diagnosis, I make 20 to 30 powders of sulphate of quinine, pulv. assafetida, muriate of ammonia and cayenne pepper, and then, placing one in a spoon, dry, say aloud so that the unconscious (?) patient can hear: "I will give one every five minutes until she emerges from her unconscious state, and they must be given dry, as otherwise they will have no effect." Pry the patient's mouth open, drop in the horrid mixture, close the mouth firmly with your hand. In about one minute you will be able to detect signs of a feeble desire to get back to the state of consciousness. When five minutes have elapsed you give another powder, and while so doing you again repeat your original statement and add: "It certainly will not take more than one more, if indeed it does that many." Now you observe more pronounced symptoms of wanting to come ashore, such as a half-conscious look, staring or an apparently half-bewildered look at the friends or physician. Now right here is where it requires tact. These patients are willing to emerge, but they want a good excuse for so doing, and you must help them to make the friends believe that your horrible compound did the work. It may require the third powder, but I have never seen a case so stubborn that it required the fourth one. These powders will be all that is required. Patient arouses, talks with her friends, wants to know where she has been and how long they have been there, etc., etc., all of which the gaping, credulous friends and visitors take in at 100 per cent.

When I leave a case I say to the nurse: "If there are any symptoms of relapse, administer a powder, dry, every five minutes until they disappear." A word to the wise is sufficient. You cannot get them to take the powders a second time. Make large powders; a whole teaspoonful, as no similia similibus curatur doses will reach one of these cases.

A few years ago I saw an old lady in the morning suffering from a pronounced case of the malady under consideration; late in the afternoon I saw a young married lady who "had e'm bad;" at 9 p.m. I saw a middle aged lady who showed a periodical desire to stand on her heels and the back of her head, froth at the mouth, hold her breath until she was purple in the face, etc., etc. This lady had been treated by about all the physicians in that section of the country, but "the spells" would return, especially when she became angered for any reason. The powders did the work and none of them have ever had a return of the trouble. The husband of the last-named patient told me that he had about twenty-five of those powders and that he would not take $500 for them. In the case of young girls, unless the parents have more sense than the patient, you are indeed in a bad predicament for the reason that they are sure that the daughter is "awfully sick," and will not

Digitized by Google

believe your diagnosis or countenance your treatment. In such cases tell them that after they have tried as many doctors and patent medicines as they wish, and do not find relief, to let you know and you will cure the case. To tell one of these patients that she has hysterics and that she is trying to deceive, is to lay the foundation for failure in the treatment; for deep down in the mind of all these unfortunates is a burning desire to convince the world, doctors included, that they are suffering from a severe, strange and dangerous malady. The best way is to help them to deceive you; that is, let them think they have deceived you.

In conclusion I wish to state that many of these cases need strychnia, iron, baths, out-door exercise, etc., to prevent return of the trouble; but some of them need brooms, wash-boards, etc.; and if the gold standard prevail much longer, some of them will get them by auto-suggestion.

T. A. LANCASTER, M.D.

North Manchester, Ind.

[A few years ago one of our subscribers gave the following as an unfailing treatment for hysteria: about a half teaspoonful of tincture of lobelia and a teaspoonful of tincture of capsicum, to be injected into the rectum. He advised that the physician leave the house as soon as possible after the administration of the above, to escape the patient's anger. The patient gets "beautifully sick and mad;" during which the globus hystericus is forgotten, as is everything else except the rectum and the doctor. How would this do for persistent hiccups, omitting the lobelia?—ED.]

Tobacco a Preventive of Pulmonary Tuberculosis.

Editor MEDICAL WORLD:—From observation and experience of recent years, I have been induced to believe that tobacco is in a marked degree a preventive of pulmonary tuberculosis. We all know that nicotine is a powerful germicide, destroying insect life quickly and effectively. In my experience on insects with this agent, one drop has destroyed a large beetle in a short time. All other insects experimented upon succumbed quickly to its effect. Whilst I have not seen the effect of its action on the bacillus tuberculosis, I believe it would be equally effective if brought in direct contact.

On going carefully over records of my cases of pulmonary consumption I find that in no single case that died early from the disease did the subject use tobacco, whilst, on the other hand, three cases that were inveterate users (smokers) of the weed lived to a ripe old age before succumbing to the malady. All cases now under my treatment for tuberculosis are non-users of tobacco. Frequent use of the pipe has seemed to me to have had the effect of decidedly checking the course of the disease.

Have not statistics shown a larger death-rate from consumption in the female than the male? And might not the use of tobacco by the latter be one of the causes of this difference? Let us hear from others on this subject.

Zion, Va. E. M. SNEED, M.D.

Anesthetics in Labor.

Editor MEDICAL WORLD:—I am pleased to read the stand taken by "A Doctor's Wife" on anesthetics in labor. There is no more humane or manly action, nowhere does the real physician reveal his true calling, than in the lying-in chamber. There intrusted to his charge are two beings; perhaps for the first time the young wife is about to become a mother; she has never experienced those terrible throes of labor. With voice and look she implores her physician to relieve her. Are we, as physicians, to sit calmly by? Who can listen to those expressions of agonizing pain and pleading words: "Doctor, please give me something to relieve me of this suffering!" If he has a heart for the sufferings of humanity, he will not hesitate to administer chloroform. It soothes the pain and robs the patient of a vast amount of suffering, the labor progresses, and in time all is well. I cannot see how one can withhold this panacea with the plea of danger, heart failure, and that the pains will become less efficient. In my experience I have never yet seen the least trouble or complication arise from its use. No heart failure, no post-partem hemorrhage; but, on the other hand, an easy labor, without complication of any kind, and I have often pushed it to complete anesthesia. The

Digitized by Google

progressive physician is always ready to relieve.

This idea of heart failure may be cast aside; let those who have any fears administer a hypodermic injection of atropin, or they can give the following by mouth:

R. Digatilin, - - - gr $\frac{1}{12}$
Strophanthin, - - - gr. $\frac{1}{100}$
Strychnin sulph., - - gr. $\frac{1}{40}$
Glonin, - - - - gr. $\frac{1}{100}$
Cactus grandiflora, - - gtt. ½

M. Sig. Take five minutes before administering chloroform.

I proceed to use the chloroform as follows: I take a small-sized towel, place it between two folds of paper (newspaper will do) and form it into a cone; pin with three pins; place in the base of the cone a small piece of cotton batting, and this I hand to my patient. I drop from time to time, from an ounce vial with dropper attachment, a solution of Squibb's chloroform and cologne water, equal parts or perhaps two-thirds of the former and one-third of the latter. This is pleasant to the patient, and besides the cologne water contains 800 parts of alcohol, which is amply sufficient as a cardiac and general stimulant. Before beginning with the anesthetic, it is well to anoint the lips and parts adjacent with

R. Ol. petrolena, - - gtts. v
Vaseline, - - - oz. j

This will be pleasant and prevent any external irritation by the anesthetic.

The first stage of labor will not require this. As a rule you can, in its stead, give chloral. This drug is especially indicated in this stage. No remedy equals it in its action in case of rigid undilatible cervix. If necessary, you can give it in 8-grain doses every 20 minutes until three doses have been given. You can administer it by the rectum, 20-grain doses in the yelk of an egg and six ounces of milk if you choose. Chloral will not interfere with the subsequent use of chloroform; it increases the efficiency of chloroform and does not relax the uterus.

In 1848 chloroform was given to the world. One cannot help but be amused at the bitterness of the controversy that was waged at that time. The theological tone which prevailed is the most extraordinary feature of the whole affair. How sensible men could write such trash, and argue against the iniquity which was being perpetrated in relieving women from the effects of the Divine curse "in dolore paries" will ever remain an inscrutable psychological phenomenon.

Let me quote some standard modern authors. Leishman says: "The question of anesthetics seems to us to stand thus. In eclampsia, in some cases of mania, in all cases of operative midwifery and especially in many cases of turning, they are, without exaggeration, invaluable. In ordinary cases, they are always to be used with caution, but if employed in small quantities on a handkerchief on the approach of each pain towards the termination of the second stage, *they can never do harm.* They thus allay pain and assuage nervous irritability, and in the hands of a skillful practitioner they are a power for good and never for evil."

Lusk says: "In my own experience during the last sixteen years, there have been comparatively few cases in which I have not used chloroform or ether in some stage of labor. The results of my experience has been to make me a warm advocate of the wider employment on the one hand, while proclaiming the necessity of caution in their use upon the other."

Cazeaux and Tarnier say: "Hence we may conclude that when properly administered, and in moderate doses, anesthetic agents do not interfere with the regular course of the uterine contraction, and that whenever their administration is followed by the cessation or weakening of the efforts, the effect ought not to be attributed to the agent, but the abuse which has been made of it."

The American Text Book of Obstetrics says: "To what extent anesthetic agents may be used to advantage in a simple labor is a question that calls for the exercise of tact and judgment. That, on the one hand, obstetric analgesia accomplishes a distinct gain in so far as it spares the patient the exhausting effects of severe pain and prolonged nervous tension, cannot be doubted. Nor has the obstetrician any more pleasing duty than to save needless sufferings of child-bed."

Ashton says: "Pain is the special indication for the administration of an anesthetic in labor. As a rule it should be used in the second stage; however, in primiparae it is often given in the first

Digitized by Google

stage when the cervix dilates slowly, associated with great suffering. The anesthetic should not be given continuously; it should be used only during a pain; it should not be pushed to the extent of surgical, but obstetrical anesthesia; but during the delivery of the head it should be carried to complete insensibility."

Landis says: "The proper administration of an anesthetic during labor renders the act painless, and prevents the exhaustion which may follow the protracted suffering, often severe."

Jewett says: "An anesthetic, if rightly managed, may be used with advantage in most cases of labor during at least a part of the second stage. In so-called obstetric anesthesia the aim is to dull the pain, not to abolish it. The anesthetic is given therefore for short periods and intermittently with the pains. At the perineal stage, however, it may be usually pushed nearly or quite to the surgical degree. Chloroform is the preferred anesthetic for obstetrical analgesia."

These statements, coming as they do from the foremost obstetricians of the age, carry with them a weight of authority that establishes chloroform in labor upon a firm scientific basis.

EDWARD ERSKINE, M. D.

Rogers City, Mich.

[A safe and convenient way to administer chloroform in labor is as follows: Put a handkerchief into an ordinary glass tumbler; pour a little chloroform in and have the patient to place it to her nose and inhale; as anesthesia becomes sufficient, her hold will relax and the glass drop down upon the bed. By the time another pain comes she is sufficiently recovered to take the glass and hold it to her nostrils again. This can be continued indefinitely during the labor, the physician being put to no trouble except to pour about a half teaspoonful of chloroform on the handkerchief in the glass from time to time.—Ed.]

Obscure Death Twenty-Four Hours After Childbirth.

Editor MEDICAL WORLD:—Will the Editor or some member of the WORLD family give probable cause of death in the following case? Mrs. N., aged 35 years, gave birth to her second child at 3.30 p.m., March 23rd. For ten days preceding birth of child the patient was troubled with severe nausea and vomiting. The child was still-born and had evidently been dead for several days, as the skin was in a macerated condition, epidermis peeling off easily.

Child was delivered after a moderately severe labor with very slight laceration of the perineum.

Thorough antiseptic douche of uterus and vagina was given, and all parts thoroughly cleansed. Patient was left comfortable and in a cheerful condition at about 5.30 p. m. She rested well during the night, ate her food with a relish, and felt real well until between 10.30 and 11.00 a. m., March 24th, when she commenced to get drowsy and wanted to sleep. When spoken to a few minutes later she could not be induced to respond, and friends became alarmed.

I was immediately summoned from home, about six miles distant, and saw her at 2.00 p. m. Found her in a deep comatose condition, pulse not perceptible, temperature 105⅘° in axilla, the extremeties cold. Stimulants hypodermatically availed nothing, and death occurred at about 3.00 p. m., twenty-four hours after birth of child. Urine not tested, but had been passed freely before labor, and had been passed subsequent. J. F. HARRINGTON.

Frankville, Iowa.

[Prof. Parvin kindly replies to the above as follows:]

The salient facts in the case are nausea and vomiting in the latter part of pregnancy, the death of the fetus some time before labor, and the sudden death of the mother after labor. Only one hypothesis will explain these events, viz., albuminous nephritis. This hypothesis would be confirmed had the placenta been carefully examined, and had infarcts been found in it. Such infarcts are especially liable to occur in case of albuminuria, and may escape observation unless carefully sought. The vomiting or nausea in the latter part of pregnancy is suggestive of albuminous nephritis. Finally, the sudden, or rather rapid, death of the mother could be attributed to failure of renal elimination. Therefore, my conclusion is, that, taking the several facts

Digitized by Google

together, and seeking a common cause of their occurrence, it was that which I have stated. Sincerely,

THEOPHILUS PARVIN.

Philadelphia, April 27, 1897.

A Case in Obstetrics With Syncope, and Later Sapremia.

Editor MEDICAL WORLD:—At 8 a. m., Dec. 12th, '96, I was called four miles out in the country to deliver Mrs. A. She was a small, quiet, phlegmatic body, about 40 years old; had had four or five children. History of one former pregnancy developed the fact that delivery was tedious, and that she flowed nearly to death. Her mother died early in life from that cause. On examination, I found labor in progress, presentation normal (l. o. a.). Delivery took place within twenty minutes after my arrival. No chloroform needed or used. She was delivered of a fine 10-lb. boy. Her husband, as well as myself, were much pleased at the apparent easy termination of the case. But our troubles had not begun. After allowing the mother to rest about ten minutes, while I gave the child due attention, I returned to the mother and found the nurse holding hand on the uterus, as directed. But Mrs. A. said she thought she was flowing, and that the after-birth was coming. On examination I found it to be true, the placenta coming away without any manipulation, but I was surprised that it slid along to one corner of the bed. So, on lifting up the bed clothes in that corner, I was alarmed to find a great pool of blood there, and expected trouble at once. Examining the uterus, I found it contracted firmly, but patient soon began to show symptoms of syncope; complained of numbness in her right leg and arm, and in face, and, while answering some questions, gave a great *yawn*. I had heard of that yawn and of its diagnostic importance and warning, but never before witnessed one. However, I took my cue at once and ordered hot water bottles, hot plates, bricks, and clothes to be placed about her now sinking form. I at once prepared a hypodermic of $\frac{1}{60}$ gr. atropine, following it up with strych. sulph. $\frac{1}{30}$ gr., and giving her a mixture of fl. ext. belladonna, gtt. 10; fl. ext. ergot, dr. j; whiskey diluted, oz. j; at one dose. In meantime had nurse leave the child and help the husband to rub vigorously the legs and arms of the wife, who was now, within one-half hour after yawning, unconscious. Pulse 120, and weak; temp. 97° F. A deathly pallor overspread the face. I now administered another hypodermic of $\frac{1}{60}$ gr. atropine, and soon after $\frac{1}{30}$ gr. strych. sulph. At the end of three-quarters of an hour patient showed signs of reviving from effect of heat and stimulants given, and at the end of one hour consciousness returned. Face now flushed and reaction setting in. The perspiration beginning to appear, I ordered the hot applications removed, because of the tendency of relaxing the arterial system, as well as promoting too free perspiration, neither of which was desired when the system was depleted. Had patient's bed dressed warmly, keeping her in a strictly horizontal position. At the end of one hour and a half, patient sleeping quietly, pulse 100, strong; temp. 99° F. Left mixture of fl. ext. belladonna, gtt. 20; fl. ext. ergot, dr. vj; dil. whiskey, oz. ij, with direction to give a teaspoonful of mixture every hour until my return that night.

Returning at 9 p. m., found the patient a little flighty, but no hemorrhage. Had bed clothes changed and patient made snug and dry. Continued ergot and whisky mixture, omitting belladonna.

Dec. 14, called and found patient doing well; ordered vaginal douches of $\frac{1}{2000}$ corrosive sublimate solution to be taken night and morning. The patient being anxious to dispense with physician's services, I discharged the case.

Dec. 21, I was called out to see Mrs. A. again, husband saying she was not picking up as she ought to, having chills and fever. Temp. now 102°, pulse 90. Patient complained of sweating every afternoon. Little or no pain experienced over abdomen, vaginal examination revealed nothing definitely; no pain; napkins still stained red; no very perceptible odor. I diagnosed sapremia, or putrid intoxication, from some obscure uterine trouble; but not having my necessary outfit with me for correcting, I informed her of my intention for the next visit, meantime ordering vaginal douches of $\frac{1}{2000}$ corrosive sublimate solution night and morning, which had

Digitized by Google

been discontinued a few days before I was called.

Dec. 22, had patient laid across the bed with good large pillow under her hips, fixed up my Kelley's operating pad, hung up two quarts solution of corrosive sublimate $\frac{1}{2000}$ in fountain syringe, sterilized by immersing in hot water the speculum, sharp curette, male cather and cotton forceps, and got to work to dilate and curette the endometrium. Curetted and irrigated thoroughly; found some small blood clots and shreds of necrosed tissue. Continued this treatment every day for ten days, and found blood clots and some shreds of necrosed tissues for seven or eight days. Patient began to improve after first day of this treatment. No uterine colic or the least symptom of abdominal inflammation. At this writing the woman is once more enjoying splendid health.

Query: The mode of treatment was successful; but whence came the sapremia? Was the necrosed tissue the remains of the placenta? If so, there ought to have been indications of it earlier after delivery. It will be remembered that the placenta shed itself, and all intact, as far as I could see. No manipulation on my part, otherwise I would be inclined to blame myself for meddling. Or was it inflammation, shedding portions of the endometrium? Am inclined to think it was. The husband, in settling the bill, complimented (?) me by saying: "That I had made a great 'slop over,' for I should have done that scraping in the first place." I wonder how many physicians curette every uterus before discharging a case of obstetrics?

A. J. LEWIS, M. D.

Rose Creek, Minn.

Aconite Poisoning.

Editor MEDICAL WORLD:—Several days ago I had a call at about 9 o'clock a. m. to see a patient some eight miles in the country. I could not leave town at the time, so my father attended the call. On arriving he found the patient resting well, but very weak, and with tingling of fingers and toes; pulse weak. In every other respect she was feeling well. He obtained the history of the case, about as follows: The patient had been taking tincture of aconite in one-drop doses for fever, and in dropping it early in the morning poured out about a teaspoonful in half a glassful of water, and drank nearly all of it. In a few minutes her face began to be drawn, her limbs cramped, and she became prostrated; almost quit breathing. After a few minutes she began to vomit and purge, and immediately began to improve. In six or eight hours she felt as well as she had for several days before.

G. F. LE GRAND, M. D.

Graham, Tex.

Prescription Points.

Editor MEDICAL WORLD:—In writing prescriptions by the metric system, a simple and very convenient thing to remember is that the figures on the left side of the perpendicular line represent units of measure corresponding to about fifteen grains or fifteen minims of ordinary use, and the figures on the right side stand for decimal fractions of those units. Therefore, a figure 4 on the left side signifies sixty grains or minims, and a figure 1 on the right side of the line signifies one-tenth of fifteen grains or minims, or one and one-half. This being the case, in writing a two-ounce prescription of fifteen doses, or any prescription of that many doses, liquid, powders or pills, the figures not only represent the amount of the substance needed to fill the prescription, but they also represent the exact number of grains or minims in each dose of the mixture. For example, take the following:

R. Pot. brom., ... 20
Pot. iod., ... 2 | 5
Aquæ cin., ... 60

M. et S.—One teaspoonful every four hours.

This means that 20 grammes of pot. brom. is needed to fill the prescription, and also that 20 grains are contained in each dose. Of pot. iod. $2\frac{5}{10}$ grammes are needed, and the dose is 2½ grains. Of aquæ cin. we need 60 grammes, and 60 minims of the liquid makes one dose. If a four-ounce bottle is to be filled, write figures double the size of the dose intended, thus:

R. Pot. brom., ... 40
Pot. iod., ... 5
Aquæ cin., ... 120

M. et S.—One teaspoonful every four hours.

In writing prescriptions this way mis-

Digitized by Google

takes in dosage are almost impossible, and no tedious estimation of the amount of each ingredient is required. In fact, it is the simplest, surest and safest method of writing a prescription ever yet devised.

A. D. HARD, M. D.

Crawfordsville, Ind.

Vomiting in Pregnancy.

Editor MEDICAL WORLD:—If the experience and opinion of my brethren in the treatment of vomiting from uterine pregnancy accords with mine, anything promising a hope of relief in a severe case is certainly welcome to both doctor and patient. Nothing in my practice has given me greater dissatisfaction than the treatment of this trouble. Nothing (but an empty uterus) has inspired me with any degree of confidence in a severe case before the third or fourth month; and after that my only comfort was an expression of doubt whether the relief came from the last remedy given or the cure of nature, as most cases recover without assistance at that time. To see little urchins enjoying the pleasures of life whose existence is due to efforts of ours, gives us an inexpressible gratification in the practice of medicine. For years I have been looking for a specific remedy in persistent vomiting, and each year a new one appeared full of promise, but I have no recollection of ever curing two consecutive cases promptly with the same remedy until this year. I will not enumerate the long list which has failed in my hands, the last of which were dilatation, and the much lauded menthol, neither of them giving any relief.

Protonuclein has given me such unprecedented success that I think it worthy of mention, and I wish others to try it and report. There are two forms of it in the market, but that marked *special* has given better results, as it is stronger. Mild cases are given from 2 to 5 grains every three hours per orem. The bowels should be emptied by enema. The diet is restricted, and, if necessary, nutrient enemata given with a large flexible catheter. If the stomach will not tolerate the medicine, fill number 2 capsules with it and introduce one per rectum every three hours and stop everything by the mouth, supplying both food and drink with a long tube and syringe.

Case 1. Miss A., age 19, came to me with a history of petit mal; she often had vertigo, but now complained of these attacks coming oftener and more severely, associated with faintness, nausea and vomiting, so she could retain nothing on her stomach. Thinking her above reproach and not suspecting her condition, I gave a mixture of cimicifuga, passiflora, pulsatilla and ignatia; also protonuclein in capsules. Later I learned her true condition and persuaded her to marry. She declared that those capsules stopped her vomiting until they were gone. I supplied more and they cured her.

Case 2. Mrs. M., has two children living and had one abortion from persistent vomiting. Has always vomited until she despaired of life. The last time she was sustained only by rectal feeding. When pregnant this time she beseeched me to produce an abortion at about the second month. With reluctance she consented to try another remedy, and I gave her protonuclein in capsules, but at my next visit she could not sit up nor retain them, as they were vomited as soon as taken. She said "there is no use; you gave me everything before, and others have, and nothing ever helped me." It was true, I knew, and I had dilated the cervix, and it too failed. I then told her to insert one capsule into the rectum every three hours, which she did, much to her relief and surprise. Her recovery was uninterrupted and rapid until about the sixth month, when I was called again and found her sprawled out on the kitchen floor trying to pare potatoes for dinner, but unable to sit up from nausea and vomiting. She said she tried to do her work the day before but had vomited every few minutes all day, and it had started the same that morning. I gave her number 2 capsules filled with protonuclein *special* per rectum, and she reported a perfect cure, not vomiting once after the first dose. She gained in strength, weight and color until transformed from an emaciated, anemic picture of despair to one of vigorous, rosy-cheeked health, free from nausea.

F. G. GREENFIELD.

Edinboro, Pa.

Digitized by Google

Membranous Croup.

Editor MEDICAL WORLD: I write to ask you to get before your readers the subject of membranous croup and the best treatment for it.

In the columns of THE MEDICAL WORLD we feel that we can speak fraternally and freely to our brothers of the medical profession in all parts of the country. I have been practicing medicine for over twelve years and attended all classes of disease, and I have tried all kinds of remedies and methods for true membranous croup, and no disease have I treated with less satisfaction. I have employed turpentine, quinia, iron, corrosive sublimate, chlorine, bromine, chlorate of potassa, aconite, lime water, steaming, ammonium bromide, potassium iodide, turpeth mineral, ipecac, alum, poultices, tracheotomy, all the book remedies and almost everything that I have ever read of and scores of others that are not in the books, and I have found them all unsatisfactory.

I have had better results with the treatment that I shall now give than all else, but even that often fails and seems to afford little relief sometimes. I commence with the following, say for a child three years old:

R. Hyd. chlor. mite, . . grs. iii
Sacch. alb, . . . grs. xxx
M. Ft. Chart, No. xii. Sig. One every half hour.

I sometimes add tartar emetic in small doses of $\frac{1}{18}$ to $\frac{1}{24}$ of a grain. And in connection with the above I order:

R. Potass bromidii, . . dr. ii
Spts. vini gal., . . . fl. oz. iss
Syr. tolu. q. s. ad, . oz. iii
M. Sig.—A teaspoonful every hour or two. In some cases I substitute liq. potassa citrate for the brandy. Steam with lime water and impregnate the air of the room with steam. Apply hot poultices of Indian meal mush with hops to the throat and chest every half hour, and a quinine suppository of three grains every third hour introduced into the rectum. Mustard foot baths repeated occasionally.

I have treated many cases and this treatment has been the most successful and satisfactory of any that I have used, but even that does not satisfy me. I would like to hear an expression from some of THE WORLD'S readers of experience.

I know that many practitioners contend that membranous croup and diphtheria are the same, but I deny it. I have seen cases that seemed so blended, one with the other, that it appeared a combination of both—a diphtheritic croup as it were; but I do not invite a discussion of diagnosis at this time, but of the treatment of what we consider true typical cases of this malady. To those who have used oxygen gas with stimulants *in a number of cases*, I would like to know what the results have been.

Camden, N. J. G. W. HENRY, M.D.

[Doctor, even if you do think that membranous croup and diphtheria are distinct diseases, would it not be worth while to try antitoxin in your next case of membranous croup? Many others have reported success with it, and would not this fact justify a trial? When you do so, let us hear from you.—Ed.]

Diphtheria Antitoxin.

Editor MEDICAL WORLD:—Allow me to call the attention of Dr. A. J. Hunt to a few points in bacteriology and the use of antitoxin that seem to have escaped his notice.

Contrary to the facts admitted by all scientific bacteriologists from Roux and Yersin down, the doctor assumes that the Klebs-Loeffler bacillus is diagnostic of diphtheria. The assumption is the very reverse of the facts, if our most noted bacteriologists are to be relied upon. They have repeatedly emphasized the fact that the Klebs-Loeffler bacillus has been found in many throats that were in a perfectly healthy condition. Even the virulent bacilli have been found to develop and disappear from throats that showed no clinical symptoms of disease. All bacteriologists admit that the non-virulent bacilli cannot produce diphtheria, while the virulent can produce the disease if the conditions of the system are favorable. It follows, then, as a logical conclusion, that only the virulent bacillus is diagnostic of diphtheria.

Now, Doctor, if the bacteriologists have any method other than the animal experiment of determining the virulence or non-virulence of the bacilli, please let us know what it is. The author of the article on diphtheria in "The American System of Practical Medicine," Loomis

Digitized by Google

and Thompson, 1897, says, "that only the animal experiment can determine whether a colony of bacilli are virulent or non-virulent, capable of producing diphtheria or not capable of producing diphtheria," and the "animal experiment requires four days to complete it." Is the learned author of that article also in error? If not, how can a bacteriologist say this or that case is true diphtheria, simply because he has found a Klebs-Loeffler bacillus, and at the same time admitting that he does not know whether the bacillus was virulent or non-virulent? I understand such noted bacteriologists as Roux and Yersin to say that only the virulent Klebs-Loeffler bacillus is diagnostic of diphtheria, and the virulence can only be determined by the animal experiment. Have I understood correctly? If I have, and they are correct, then there is absolutely no such thing as a clinical diagnosis of diphtheria, and there is no such thing as a bacteriological diagnosis of that disease that does not include the animal experiment or guinea pig test. The fact that a colony of bacilli will develop on the white of a hard boiled egg is no evidence that said bacilli are virulent, as the Doctor would have us believe.

Yes, Doctor, I am always sure of my diagnosis before I give such potent remedies as antitoxin, and I attribute most of my success as a practitioner of medicine to my carefulness in diagnosis. But now comes the bacteriologist, and tells me, in plain English, that two cases of sore throat may be exactly alike, so far as clinical manifestations are concerned, and it is impossible for me to tell which is true diphtheria and which is not, and I must rely upon him to tell me whether the disease is caused by the streptococus or other bacteria, or by the *virulent* Klebs-Loeffler bacilli; and he admits that it will require four days to determine whether the bacilli are virulent or non-virulent! That is his claim. If I admit that he is right, I must, a priori, admit that he is indispensable to the diagnosis. He makes the diagnosis and dictates antitoxin, while I guess what other remedies should be employed. Under such a system what a serio-comic farce the practice of medicine would become!

Dr. Hunt says: "Antitoxin, if pure and from healthy animals, cannot produce a fatal result." Many physicians, who would doubtless use none but the best antitoxin procurable, have reported deaths following its use in cases where it was impossible to attribute the result to the disease. Deaths have also followed the use of the best and purest antitoxins for immunizing purposes in persons who showed no trace of disease. It is now admitted that most persons are *naturally* immune to diphtheria; even the *virulent* Klebs-Loeffler bacilli cannot produce the disease in them. Now, in my judgment, it is the mission and duty of the medical profession to determine the cause or conditions that produce and maintain that natural immunity; to show in what it consists and how the condition can be attained by the natural physiological functions and environment. Such a discovery would immortalize the name of the discoverer. Here is the keynote to true scientific progress.

The beautiful city of Spokane was visited by an epidemic of diphtheria last year. The health officer reports that a very large per cent. of the cases were developed in an unsewered part of the city where the ground is honey-combed with privy vaults, and at once concludes that the disease was mostly confined to that part of the city, because those vaults were good places for the germs to develop in. Not a single word about the effects of the inhalation of the poisonous vapors from these same vaults! Did the continual breathing of the foul emanations from those stinking, reeking, festering vaults have any effect on the blood or tissue cells of the persons breathing it? Might it not be possible for persons living in such an atmosphere to absorb enough poison to neutralize or destroy the something in their blood that gives natural immunity? Not more than one decade ago sewer gas was said to be a prolific source of diphtheria. I believed it was then, and I believe that it, with its kindred filthiness, is now the chief cause of that disease; not because it favors the development of germs, but because it devitalizes or destroys the natural resistance to disease in those who inhale it.

St. John, Wash. J. W. LOCKHART.

Digitized by Google

Antitoxin.—Reply to Dr. Lockhart.

Editor MEDICAL WORLD:—In the April WORLD, page 141, Dr. J. W. Lockhart asks the question, "But why should I use antitoxin in the treatment of diphtheria?" We are led to believe by the Doctor's article that he has familiarized himself with what Bretonneau, Trousseau, Bourgeoise, Baumgarten, Rilliet, Barthey, Virchow, West, Sanderson, Billroth, Eberth, Klebs, Oertel, and Loeffler have written on dipththeria, and also that he has carefully investigated the statistics of Briggs, Rauchfuss, Vonengel, Heubner, Blumenfeld, and all published reported cases; and yet he calls for "more light" on the subject before he can make up his mind to give his diphtheritic patients the benefit of antitoxin. Taking into consideration that such writers have not been able to make an impression on the Doctor's mind, it would seem egotistical in the highest degree for a young man like myself, with limited experience, to attempt to give the Doctor "more light." But honestly believing that the Doctor, like a few other physicians of great minds and extensive and deep research, who oppose the use of antitoxin, are simply "hedging," let us all come with our little experience and have him over with us in this great work of perfecting our now great and best remedy. Then the report of such a man will be of great benefit to us all, aside from the wonderful good done the diphtheritic patients trusted to his care.

Since Aretaeus of Cappadocia described the disease under the name of Syriac ulcer, and especially since Sibley wrote of children dying with "bladders in the wind pipe," it has been the duty of every physician to do everything in his power to find a better treatment for this most dreadful disease, which has brought so many pangs to the hearts of American mothers. But it has been truthfully said: "Good never gallops to victory here in this earth. It enters its kingdom always via Golgotha, a jeering mob brandishing sticks accompanying, and even its best disciples following afar off, and is lifted to its crown on a cross between reviling thieves." Virchow has said: "All theoretical consideration must give way to the brute force of the figures; and I consider it the duty of every physician to use a remedy giving such clinical results." The Doctor says: "A physician has no right to jeopardize the comfort, health or life of his patient by administration of a dangerous remedy before he makes a positive diagnosis." I agree with him most heartily about this, but it rests with the Doctor to prove that antitoxin is a dangerous remedy. I claim that over one million injections of antitoxin up to the present time proves it to be a harmless remedy when properly given and pure and fresh serum used.

I also agree with the Doctor that microscopists make some mistakes; but I do not think there should be any quarrel between him and the general practitioner on that score. Let the general practitioner acquaint himself with the limitations of the microscopist, and not expect perfection. Better acquaintance, work together, do away with jealousy and selfishness; neither of them are "figure-heads or block-heads;" "they are both a thread in the mighty tapestry which comes from the medical loom;" their most important interests are the same; they strive for the same ends, are actuated by the same motives, and respond in the same way to a given stimulus. They play to each other in such a way as to supplement and support, as neither, without the other, is complete. What we need is not disintegrating ideas, but organizing ideas. We have to-day, and always will have, pseudo critical spirits, over praise and over censure.

My experience with antitoxin has been limited; in the last two years I have injected 37 children, under 10 years of age, with antitoxin (four deaths.) I have never used less than 1,000 units in any one case, and the last case I treated was a child 15 months old. I injected three times—12 and 14 hours apart—1,000 units each. I saw it the second day; it was the worst case I ever saw. When I injected the second time I pushed the needle deep into the muscle of the thigh and it did not flinch. It is now living, fat and fine. I did not give anything else in this case. I have never seen a bad result from the use of antitoxin. I consider a physician owes it to the patient, to the family, to his profession, to himself and to his God, to use antitoxin when he has it or can get it.

Digitized by Google

To the doctor who will criticize a physician for using antitoxin, it falls upon him to give us something better. Thanks to the editor and contributors of THE WORLD, I feel I am deeply indebted to you for the medical information you have disseminated through your columns. I truly hope the "Doctor's Wife" and "Daughter" will stay with us; of course they are right.

J. D. HAMILTON, B. S., M. D.
Grahamton, Ky.

Excessive Venery.

I wonder if the following applies to any other of our 25,000 readers. I hope not. But doubtless many have patients to whom it will apply, and the publication of the correspondence will do good. We should do all we can to teach humanity that the object of life should not be venery. Whenever we make it so, we fall below the beasts, for beasts follow natural instincts for nature's purposes only.

Editor MEDICAL WORLD: MY DEAR SIR:—I desire some private advice from you about my own case.

At the age of 16 I masturbated, and followed the vice four or five years, from which time I lived a chaste life up to 29 years of age, when I got married, which event occurred about eighteen years ago.

Since marriage I have indulged in sexual intercourse to excess. I am a stout, healthy man in every respect except that my genital organs are getting weak and my nervous system is terribly affected. At times I am too nervous to write.

I have a strong desire for sexual connection, but my erections at times are weak, and emissions are premature. If I indulge often, my erections are stronger and emissions are not too soon.

Please relieve my nervousness and help my genital organs if possible, and oblige,

LOUISIANA.

I cannot undertake to give private replies to all inquiries, but I did so to this one, and my reply was as follows:

DEAR DOCTOR:—The only thing that will help you is discipline, both mental and physical. At your age, sexual life should not be very active. You ought not to think of copulating more than once a week at most. You should live as perfect a physical life as possible, as regards exercise, air, diet, rest, etc., and take an occasional cold bath, followed by active rubbing. If your wife should become pregnant it would lead to moderation on your part; or, can't you send her away for awhile on a visit? or can't you and some friends go off on a hunt for a few weeks? Don't expect to practice excessive venery all your life and retain your health. If this letter should happen to fall into the hands of your wife, she would doubtless help you.

Take an active interest in business, science, politics or charity, and don't think of venery; get a lot of recent books and take a course of reading. Study the transportation question. Get Cowles' "A General Freight and Passenger Post," published by the Putnams, New York—75c. It is as interesting as a novel, and will give you much to think about. You will want to pass it around to all the leading men in your community. Very sincerely,

C. F. TAYLOR.

Antiseptic Treatment of Pneumonia.

Editor MEDICAL WORLD:—Noting your article in April WORLD on recent expressions on modern views of pneumonia, I write to relate a case that confirms Dr. Osler's views in regard to toxemia. A lady 65 years old had been under the care of other physicians for several days; they finally pronounced the case hopeless. I was called with the hope that something else might be done. Found temperature 105½°, pulse 180, respiration 80. Left lung solid; not a particle of air entering same. Cough entirely stopped. Had been coughing and raising clear blood and rust colored sputa; face suffused as though she had erysipelas. Was unconscious and delirious. Tongue dry and brown; could not put it out; had not swallowed even liquids for 24 hours. Urine scanty, but no albumen. Certainly a very serious picture.

Last fall every case of typhoid fever I had began to improve as soon as I gave them Edson's aseptolin. I decided to give the patient the benefit of the doubt. Gave 100 minims of aseptolin at 1 p. m.; at six the temperature had fallen one degree; repeated the injection; at 1 p. m.

Digitized by Google

the next day, temperature 103°; at same hour on the third day, temperature 101°; on the fourth day, temperature 100°, and on the fifth day temperature normal. Gave nine injections in all. The lungs cleared and she *never coughed*. There was no medicine given except $\frac{1}{60}$ of a grain of strychnia, panopepton and whisky by rectum every 3 hours. She could not swallow, and there would have been no absorption if she had, the mucous surfaces being in such a dry and parched condition. She made a slow, but perfect, recovery. There is not a spot in the lung that did not clear perfectly. The marvelous thing is that the lung cleared without cough or expectoration—a thing I never before have seen. The case confirms in my mind the fact that we have toxemia to contend with in pneumonia, and that aseptolin is an antidote.

I would further state that in every case of diphtheria—pronounced true diphtheria by the health department—the patients have commenced to improve immediately upon the injection of aseptolin, although they were growing worse and the deposit spreading up to the time of its use.

We have a good chance to study consumption in this Western country and I must say for the Edson treatment that it has cured and relieved more cases than all other treatments combined.

N. K. MORRIS.

825 14th St., Denver, Colo.

Protection to Legs When Riding Horseback.

Editor MEDICAL WORLD:—I would suggest to "Country Doctor" the Spanish plan for horseback protection in bad weather. Spread a good blanket over the saddle and extend it forward from the saddle. After mounting and sitting on the blanket, pull the forward part of the blanket over your legs, and with two strings tie around your hips. In this way the knees are kept dry and warm. Of course, if the roads are muddy, rubber leggins are necessary; and if rainy, rubber cap with cape. Many doctors practicing on horseback in the country contract rheumatism for want of protection to their lower limbs.

C. R. CULLEN, M. D.

Barton Heights, Richmond, Va.

A North Carolina subscriber, who requests that his name be not published, says that he has recently lost with one patient enough to pay for THE WORLD for twenty-five years. He asks a great many important questions concerning the business side of the practice of medicine, including this: "Cannot our profession be practiced in a strictly business-like manner, and yet be ethical and professional?" Yes, emphatically. That is just what we have been, for years, trying to "beat into the heads of doctors." It is their duty to themselves, their family and to their profession, to conduct the practice of medicine on strictly business principles. Recognizing the great need of such a work, a few years ago we published "The Physician as a Business Man," the only book that ever appeared on the important subject of the business side of a physician's life. Our correspondent says that THE WORLD is "worth its weight in gold." If this is true, the same is true of this little book; and every reader of THE WORLD should have had it long ago. We are selling the few copies that remain on the same basis that the farmer has to sell his products—half price—on the gold basis; but doctors could more easily pay the regular price, $1, if we were not tied to the exclusive gold standard. It will answer all our correspondent's questions concerning charges, collections, ownership of prescriptions, rendering of bills, etc., etc., etc. This should be part of the education of every medical student, and reasonable business rules should be lived up to by every practicing physician.

The number of correspondents who request that their names be not published seems to be increasing. If you have anything to say, don't be afraid to say it above your signature, unless there is an obvious reason for name and address of writer not being published.

Saddle Lamps and Rug.

Editor MEDICAL WORLD:—In answer to "Country Doctor," April WORLD, page 158, I believe if a good bicycle lamp that would not blow out were fastened to the leather shield over each stirrup, the problem would be solved.

For saddle rug, I have a piece of the best quality of rubber sheeting, 27 x 36

Digitized by Google

inches. I fasten it by one edge to front of saddle; roll it up like a buggy apron when not needed; when needed, it is brought over lap and held in position by tying strings put in each corner around waist. When I dismount, it is spread over saddle which is thus kept always dry. ANOTHER COUNTRY DOCTOR.

Brevard, N. C.

Veratrum for Strychnia Poisoning.

Editor MEDICAL WORLD:—As you wish accounts of medical experience, I will relate one called to mind by reading accounts of some poison cases in your April number, and which points to the necessity of quick thinking and acting under seemingly adverse circumstances in such emergencies.

A few summers since I was called hurriedly from a residence in this city to see one who was taken suddenly ill, and suspected of having taken poison. On arriving at the place I found a stout, hearty-looking young woman of about 20 years, lying on the floor in a condition of universal tetanoid rigidity. To say that I was nonplussed as to what could be done, if anything, to save her life, is expressing it mildly. The chest, abdomen and all the voluntary muscles were tensely rigid. The breathing and heart's action almost annihilated. What could I do and lose no time in doing it? I had no apomorphia, stomach pump, nor apparently anything which the case demanded. I bethought me of a strong tincture of veratrum viride which I had at hand, and at once filled my hypodermic syringe with the fluid and inserted it beneath the skin over the epigastrium, realizing that it was a powerful dose, but feeling that only such could reach the case if perchance anything could. Within a very short time relaxation began to show, and soon she was very limp.

Next the object was to unload the stomach, to accomplish which I tried to cause her to swallow a large powder of turpeth mineral, but she protested that she was determined to die and would not take it. We therefore gagged her and forced it down, and soon repeated the dose, which speedily had the desired effect, causing abundant and repeated vomiting.

Now the question comes as to the nature of the poison ingested. After being relieved, she acknowledged to having taken two white powders, and that she had reserved a third one. Having secured the reserved powder, it was found to consist of about two grains of strychnia. The other two had been taken at a single dose in a desperate attempt at suicide.

She recovered fully, and was all right after a few days of general muscular soreness, a natural result of the intense muscular rigidity.

The question comes, is veratrum viride an antidote for strychnia? It served well the purpose in this case by its speedy and efficient action. Could anything have done better?

Quincy, Ill. VIRGIL MCDAVITT, M.D.

"How to Avoid Medical Mistakes."

Editor MEDICAL WORLD:—The caption of this article is a quotation of the heading of an article going the rounds of the secular press, which quotes at length from an editorial on "The Doctor's Mistakes," in *The Medical Record*, of January 2d. The editor, in this article, says in part: "In all our relations with our patients, it is the safer and better rule to be more than cautious in our temptations to think aloud in their presence. The older practitioner need not be told that the practice of his art is constantly beset by startling surprises. Patients get well who should die, but many die without ostensible scientific reasons. To reconcile these constantly recurring experiences makes him an ever-ready trimmer to circumstances, and an adept diplomatist with shifting fortune. While apparently knowing everything, he finds it eminently fitting his actual position to know little and say less. The loophole of expediency is as essential to him as are his advice and prescription to his patient. He learns to be astonished at nothing, and always on the lookout for the unexpected. . . . The qualifying 'if' comes in everywhere and every time. If the patient does not die, he may live; if pus is not present, the signs are simply misleading; if the case is not one of measles, the clinical history is wrong, and the patient has not been exposed.; if it is not diphtheria, the bacteriological examination is at

Digitized by Google

fault; if the wound does not heal, the sutures were not thoroughly aseptic. Where nothing is promised, nothing is expected."

What inanity! what a comment on a learned profession! And a profession, too, that should be, and I believe is, the most learned of all the professions. A profession which is so filled with sympathy and truth to be thus libeled before and to an intelligent public! The idea that a leading medical journal, with the pretensions of the *Record*, should advertise to the world that the members of the medical profession are a class of ignorant, dishonest and unreliable men! It would take from them that glamor of truth and confidence with which they have ever been surrounded. How many, matron, maid and child, there are who would be ready to swear by the truth and honesty of their physician, who has stood by them in sympathy during their direst trouble. Yet, such teaching would rob them of all such consolation.

Advice of that class might be admissible to students in their first year, and even then be of doubtful propriety; but to be published in one of our leading journals, a journal to which the busy practitioner is expected to go for advice to help him in his work, it is execrable. Yet, it is quite in keeping with many of the long, *paid* articles published in that class of journals. They are impracticable and only fitted for and of benefit to the few who have special or hospital practice. Such articles, if paid for, must be because of words or the accidental position the writer holds, instead of any practical ideas contained. The rank and file of the profession must go to the cheaper, the great middle-class journals, in which actual practitioners give their experience from facts, not theory.

Burlington, Ia. D. D. ROSE, M. D.

Sub-Normal Temperature.

Editor MEDICAL WORLD:—In April WORLD, page 139, John H. Harden, M.D., reports a case in which he desired to call attention to the sub-normal temperature, which he claimed was his reason for making the report. I have had an experience during the past few months that is certainly unique, at least in my experience. I have kept no records of the cases, but can call to mind the feature I mean to call attention to. viz., sub-normal temperature.

The most prominent case in my mind I first saw January 24th. A man, three score years and ten, a prominent and well-to-do farmer, has always been a hard worker and considered a very strong man, though he says when he gets sick it takes him "always" tc get well. When first called to see him he said he was first taken about two weeks previous; first a chill followed by fever and aching. The fever he thought was very high the first 48 hours, then very light for a day or two, when he thinks it subsided entirely. He said he thought it was grip, and would wear off in a day or two, but sent for me because he did not think he was getting along right. I found him sitting up making no particular complaint, but was feeling rather weak; some pain at times in muscles, stomach feeling full and heavy, *temperature 96.6°*. Heart-beats weak and regular, omitting three to four beats each minute; beat regular and intermission regular, with 50 pulsations per minute. I put him upon tonic and supportive treatment. He made a gradual and continuous improvement for about 8 weeks, the pulse gaining about two beats a week, and the temperature gaining about one-fifth of one degree each week, so that at the end of eight weeks the pulse was 66 and temperature 98.2.

A man 75 years old, taken suddenly at night with a pronounced chill, followed by high fever, which continued about 36 hours, when temperature fell to 97°, remained so 48 hours, went up to normal, and was well in a week.

Man, 67 years old, symptoms same as above, fever 48 hours, fell to 97°, and remained at that for two weeks. Did not complain of anything except weakness. Treatment, strychnia. At work in three weeks.

Man, 77 years of age, never sick, strong and hearty. Had chill, followed by fever for 48 hours; temperature fell to 97°; pulse 58; remained so one week. Treatment, strychnia. Patient out in two weeks, and says now he feels better than usual.

Was called two weeks ago to see a married lady, aged 35. Said she felt all right, except a violent headache. Pulse

Digitized by Google

normal; temperature 97°. Said she did not need anything, except for headache. Gave her A. A. Co. granules, codeine, $\frac{1}{67}$ gr., hyoscyamine $\frac{1}{150}$ gr.; repeated in 15 minutes, then to be repeated every half hour till relieved. She informed me she took five doses. Next day out and at work; said she felt all right, and has been well ever since.

The next evening after seeing above case I was called to see a married lady, aged 25; same symptoms as above, temperature 97°. Treatment the same. Out at work the next day; said she was well and has been so since.

April 8th I was called to see an unmarried woman, aged 40. Had moved into the neighborhood a few days before. Said she had had chills "off and on" since last summer. Had grip twice during the winter; the last time about November 1st. Said she had a chill two days before. Her temperature was 96.8; pulse, 96; tongue flabby and white. Gave strychnia, $\frac{1}{67}$ gr., every three hours; atropia, $\frac{1}{150}$ gr., every six hours; calomel at bedtime, followed by saline in morning. Continued strych., $\frac{1}{33}$ gr., and atropia, as above. Next morning was up and said she felt much better. Temperature, 97.2. The following day temperature was normal and patient felt all right; appetite good. I discharged her, leaving strychnia and atropia sufficient for two or three days.

Someone may be tempted to doubt the accuracy of my thermometer. I will not go into details, but will say that I tried more than one thermometer, and used other means to satisfy myself of the accuracy of their readings.

Barron, Ill. J. R. LANDERS, M.D.

One Day in My Office.

[FOR THE MEDICAL WORLD.]

1st. Boy, aged 14. Otorrhea. Been discharging four years. Treated by different physicians. Very offensive. Washed with hydrogen peroxide, dried with cotton and insufflated boracic acid. Told him to return within three or four days for further examination.

2d. Biped of genus homo. Made his way in and said: "Doc, my ole womin hus got the ager; she shakes every day and every other day. She looks pale and swarthy; has been jukin 'round for two months. Bowels move once and sometimes twice a week. Breath smells powerful." (No wonder!)

Calomel, gr. $\frac{1}{10}$, combined with leptandrin, every 3 hours for three days. Then quinine for seven days, 5 grs. every 4 hours.

3d. Lady aged 36. Painful stomach trouble. Vomits often, tough stringy mucus. Bowels regular. Washed stomach. Gave oxide of silver, gr. 1, before meals. Teaspoonful phosphate of soda at bedtime in glass of water.

4th. Boy 5 years old. Swelled ankle; been swelled for twelve months; not painful. Small opening over external malleolus, reaching down to bone, and discharging. Of scrofulus parents. Diagnosis, tuberculosis. Injected hydrogen peroxide, then filled with iodoform in olive oil. Will keep this treatment up for some time. Gave constitutional treatment.

5th. Girl aged 14. Inflamed tonsils. Crypts filled with a cheesy mass. Cleaned out and gave:

R.	Carbolic acid, - -	dr. ss
	Tr. hydrastis, - -	dr. iv
	Glycerine, . - -	oz. j

M. S. Apply every 3 hours.

Directed to return as soon as inflammation subsides. Will then cauterize crypts with cautery electrode, which will cure this case and reduce chronic enlargement.

6th. Three cases of hypertrophic rhinitis. Applied cocaine and cauterized enlargements over anterior, middle and posterior turbinates. Told them to return in a week for further treatment if necessary.

7th. Lady 17. Chronic pharyngitis. Applied 40 per cent. solution of arg. nit. She will return in three days for further treatment.

8th. Gentleman whose hands were inflamed from handling poison ivy. Washed with hydrogen peroxide, and gave him grindelia robusta, ½ oz. in a 1 oz. vial and filled with water. This generally cures if applied every three hours.

9th. Lady aged 20. Psoriasis gyrata on arms and body. Gave her Fowler's solution for a commencement. Requested her to call again in about twenty days.

Hardinsburg, Ind. J. T. BARNETT.

(To be continued.)

Digitized by Google

Treatment for Syphilis.

Editor MEDICAL WORLD:—Would like treatment for a case of syphilis of three years standing. Previous treatment, hydrarg. proti-iod.; syr. trifolium comp. tablespoonful doses; also a mixture containing fluid extracts of stillingia., phytolacca dec., yellow-dock and burdock, āā oz. ij; potas. iod. dr. iv., teaspoonful 4 times daily.

His chief complaint now is of sore tongue, raw around the edges, and falling of the hair. MICHIGAN.

[From the way the above reads, it is likely that the patient has not had that direct and persistent specific treatment that is necessary for the successful management of syphilis. He evidently has not had the amount of mercury that his case requires. Better put him on that drug immediately to the exclusion of everything else. Read up thoroughly and make a deliberate choice of the form of mercury you will use, and keep him on it for months, gradually pushing the dose to the maximum, but recede immediately if any signs of mercurialization appear. A rapid and efficient mode is to use the bicloride by hypodermic injection. The bicloride is an efficient form for internal use, either in solution or pill. Mercury is the supreme destroyer of syphilitic poison. Be sure that this is used persistently for several months, then follow with iodide of potassium, vegetable alteratives and tonics, for a few weeks or months, then return to the mercury again. Several "rounds" like this, covering about two years, should put your patient in pretty good condition; but always be alert to meet the enemy with persistent treatment as above, if he should ever reappear.—ED.]

Cool Sponging for Convulsions in Children.

Editor MEDICAL WORLD:—In my practice I have treated 35 cases of convulsions in children caused by high temperature, and one case caused by stomach trouble. Three of these cases deserve some mention, and all of them a general comment. My first treatment was to reduce the fever with one-half drop tr. aconite every half hour, then give 1 gr. quinine every two hours for a day or so. With this treatment I didn't lose a case, but still there is one objection to it, and that is tr. aconite every half hour reduces the temperature too slowly, allowing several more spasms to take place than by my present mode of treatment.

When I am called to a child with convulsions caused by high fever, I begin sponging, which reduces the fever wonderfully, and in my practice, never another convulsion has occurred. The first case I will remark on was a boy two years old, who had three convulsions before I reached the house and four after I arrived. The woman had lost three children with convulsions, and had given up hopes for this one. I began with aconite, which acted very slowly; convulsions continued so I gave chloroform by inhalation. No sooner had I begun giving chloroform than the child began frothing at the mouth, and seemed to be dying. The mother began to cry and said: "You have killed my child!" I produced artificial respiration and then used the cool sponging for the first time. By this treatment the spasms ceased. I am satisfied had I not used cold water the child would have died. I then gave quinine. Another case was of the same description, but I didn't use chloroform. I find the cool sponging a quick and safe way of treating convulsions in children. One case had convulsions caused by stomach trouble. I treated it successfully with arsenic and soda bicarb.

Huey, Ill. HERMAN SCHMIDT.

Ten Years of Dosimetric Practice.

(CONTINUED)

Editor MEDICAL WORLD:—When my attention was first called to Dosimetry I at once procured all the literature on the subject to be obtained in this country, and wrote to its venerable author, Dr. Ad. Burggraeve, who courteously replied, giving all the information sought, and also sent me several large volumes written by himself and other European authors, together with his two Paris Journals, and the London Dosimetric Journal, edited by that accomplished scientist and physician, Dr. G. L. Phipson. I read with intense interest and genuine satisfaction all that had been written on the subject up to date; then I obtained a pocket case and

Digitized by Google

a small supply of the Burggraeve-Chanteaud granules, and was as tickled over them as any boy with his first pants; and I still continue in that pleasant mood, for Dosimetry is ever unfolding new surprises and opening new lines of thought.

I have studied harder and to better purpose and greater delight during the past ten years than all my preceding life, for the method discloses at once the necessity of a thorough knowledge of physiology, chemistry, therapeutics and etiology, and with the aid of this knowledge, opens the hidden door leading into the mazy labyrinth of correct diagnosis, and enables one to see and understand the nature of disease more clearly than ever before. With that knowledge and the "arms of precision" used in the method, the physician becomes master of the situation, and is filled with a confidence never felt before, and acquires, what Dr. Burggraeve iterates and reiterates as necessary for success, "decision! always decision to act decidedly and at once in the presence of disease." Dosimetry is a method of exact positive medication, and to carry out its principles the physician must be supplied with tried weapons, medicaments whose powers are well determined, and whose dosage is measured with mathematical exactitude. It will be remembered by those who read my papers in this journal several years ago, that I strenuously advocated the exclusive use of the original B-C granules, especially by beginners, because I knew they had been tried and proven for more than a decade before I began their use.

I kept up this advocacy for nearly eight years, knowing that many would be deterred from using them from the quasi appearance of monopoly it presented, which, however, anyone could see at a glance was in appearance only. But I became dissatisfied with their method of dispensing, cost and dosage, which I found too large in several of the most powerful alkaloid with no provision for children except solution, so I set out to test the products of American pharmacists, finally selecting those from the laboratory of "The Abbott Alkaloidal Co," Chicago, which I have been using almost exclusively for two years with perfect satisfaction, and I can say all the good of them I ever said of the French, with several points in their favor, such as cheapness, while their therapeutic effects are just as reliable, solubility greater and dosage as exact, with the dose of the most powerful remedies graduated to suit any child. Besides presenting a much longer list of alkaloids and other active principles to select from, they furnish very convenient and useful compound formulae, too numerous to mention here, and to cap all, their seidlitz salt is the best and most elegant thing of the kind ever offered to the profession, and is much superior to Chanteaud's in every respect.

Now, having told the brethren where I obtain my up-to-date implements of warfare, and asking them and the Editor to pardon my prolixity on the subject of Dosimetry, which possesses a most intense and fascinating interest to my mind, and fills my heart continually with gratitude to its venerable and revered author for the great pleasure his grand work has afforded me, I will proceed to my clinical notes.

My first cases were two little girls, sisters, aged six and eight years, sick with continued fever, commonly called typho-malarial and "slow" fever. First visit, noon of third day of attack; temperature 103 and 103½, pulse 125 and 130. Prescribed one granule each of aconitine, digitalin and brucine every two hours; at intervening hours calomel, gr. $\frac{1}{10}$. At ten p. m., after sixth dose of granules, temperature 100°, pulse 100. Suspended granules and ordered, at 12 m., quinine bromhydrate, gr. $\frac{1}{8}$; piperine, gr. $\frac{1}{67}$; caffein, gr. $\frac{1}{67}$; one of each every two hours. Dose of seidlitz salt for early morning. At 11 a. m. next day, finding temperature rising, discontinued last prescription and renewed the first of defervescents. Four p. m.; bowels of each moved freely during the day; temperature of each 101°, pulse 110; ordered defervescents given every 3 hours till midnight, when discontinued them and renewed quinine prescription of the night before. Four p. m., sixth day from attack; found them with pulse and temperature normal; appetite returned, and dismissed them, ordering two granules each, brucine, arseniates of qui-

Digitized by Google

nine and iron ter in die for a week or till fully restored.

Next call, two little girls, sisters, aged five and ten years; acute amygdalitis with some fever, supervening upon a state of chronic enlargement of tonsils, inherited from a mother of tuberculous diathesis. Covered the tonsils with boric acid, c. p., by means of an insufflator; gave internally aconitine, digitalin and brucine, one granule each every two hours till fever subsides, and to let a granule of iodoform and one of cicutine dissolve upon the tongue occasionally, when the tickling cough was troublesome. For the acute pain, I directed to allow two granules of cocaine, gr. $\frac{1}{134}$, to dissolve in the mouth and swallow the saliva slowly, as often as necessary. This agent has the property of bleaching the mucous membrane, promptly relieving the pain and reducing the inflammation of the tonsils by lessening the blood supply, without producing any disagreeable constitutional effects in this minute dose, and it will often, unaided, cure simple tonsilitis in twenty-four hours, if used early enough. Next day the fever was gone and tonsils much reduced and the little patients on the road to rapid convalescence. I had to treat these children for this trouble every fall and spring whenever they took fresh cold, and was unable to find anything that would produce a permanent cure, but I am glad to say they have, as it were, outgrown the state of chronic enlargement, and are, with the two first mentioned, all healthy robust young ladies at this writing.

My next call was to two cases of whooping cough in a boy and girl aged 9 and 11 years, but as I made a signal failure to cure these cases, being totally ignorant of the etiology and nature of this disease, as are the majority of the profession, I will defer a report of the them and how I finally learned that this was one of the easiest of all diseases to jugulate in the first stage. This was in 1888, and I have learned a good deal since then, especially to realize how little I do know, and how fallacious were many things which I had held as indisputable truths all my life. Truly the saying, "the truth of to-day is the error of to-morrow," is a correct one; and it is a very narrow mind which will not permit its possessor to change old opinions or disavow cherished ideas when more light is furnished, proving them to be error. But this paper is already too long.

(*To be continued.*)

W. L. COLEMAN, M.D.

Navasota, Texas.

Permanganate of Potassium in Scarlet Fever, and other Poisons.

EDITOR MEDICAL WORLD:—Dr. A. J. Woodruff, in April WORLD, page 163, speaks of treating scarlet fever with permanganate of potassium, and wishes to know if any others have used it. I have used it for several years with the best results. I use it in about the same strength as he does, and gave a teaspoonful every half hour, according to the severity of the case.

I will report another case in which I obtained remarkable results from the same remedy. Some time in July, 1895, a young man came to me in the following condition: Right side, arm and leg covered with large red blotches and badly swollen. He complained of extreme pain. Temperature 102°. He stated that the night before he was riding on the cars, and at about 11 o'clock he went into a restaurant and got a sandwich, which he ate on the cars. Soon after he began to feel pain in his leg and arm; also that he felt stupid, and that he began to swell. He arrived here about 2 a. m., and called a doctor; but as he was still getting worse, he consulted me in the morning at 8 o'clock. He thought that he had eaten some poison with the sandwich. I told him I thought he had been bitten by some venomous insect. I injected 2 grs. potassium permanganate into the leg, also in the arm, and directed him to go home and go to bed, which he did. In the course of an hour I called on him and found him very comfortable; the swelling had nearly all gone. I gave him, in solution, one grain more of the remedy by the mouth, and that was the end of the treatment and the poison, too. I believe that in permanganate of potassium we have an antidote whether it be scarlet fever, diph-

Digitized by Google

theria, septisemia, gonorrhœa, or any other poison. W. C. SMITH, M. D.
Franklin Grove, Ill.

Remedy for Kidney Trouble.

Editor MEDICAL WORLD:—I have for a number of years been building up a combination of drugs for derangement of the kidneys, from which, in the last two years, I have obtained what seems to me remarkable results. As far as my experience extends, its usefulness is limited only by those cases where pronounced degeneration of these organs has occurred. Within these limits it promptly removes albumen (dependent on kidney trouble) and sugar from the urine. In the last case under my care—a male aged thirty—showing a large quantity of sugar in the urine, and whose father died of diabetes at the age of thirty-two years—it required but seven days' treatment to remove it without changing the patient's diet or habits.

Believing it to be unwise in these days of innumerable therapeutic novelties to submit another to the profession without a strong concurrence of favorable opinion based upon the experience of different observers, and unwilling to have it exploited by our masters, the manufacturing pharmacists, when each physician can prepare it for himself, I will be pleased to send enough to test it upon a single patient to readers of THE WORLD who may have a suitable case on hand, and who will write me for it, pledging that the result, whether favorable or unfavorable, will be sent me for purposes of collaboration.

GEO. M. AYLSWORTH, M. D.
Collingwood, Can.

[We must protest against calling diabetes a kidney disease. In extreme cases the saliva and many other of the fluids of the body are charged with sugar, yet we would not think of calling it a disease of the salivary glands. Yet, the cure is the all-important thing; let us be glad to cure our patients, even if we should not know the modus operandi of the cure. It is understood that the Doctor will make known to the profession the composition of the mixture, if it should prove valuable in other lands.—Ed.]

Copulation Through the Urethra.

Editor MEDICAL WORLD:—As reporting unusual cases is now in order, allow me to present the following: About three years ago Mrs. A. O. R., a widow of medium build, called at my office for treatment. She had a posterior rhinitis, extending down into and involving the pharanx, with nervous prostration. I treated her for about four weeks with great improvement, when I was called to her home, and found her suffering with pain over the ovaries, and especially along the right fallapian tube; also complained of bearing down pains in pelvis when on her feet. I got her consent to make a digital examination, and imagine my surprise when my finger entered the bladder through the urethra! She was a very intelligent lady. I felt chagrined, and endeavored to introduce my finger into the vagina, which I did with difficulty and some pain to my patient. She then said: "Doctor, you are wrong;" I asked her what she meant, when she said I was too far back, and in the wrong place. I then asked her if she had not been introduced to me as a widow? She said, yes; and lived with her husband about seven years. Then I told her that I would pronounce her a maid. Upon placing my finger in the meatus urinarius she said that was where her husband always entered, and assured me upon the part of a lady (and I believed her to be one) that he never entered the vagina. The finger entered the urethra readily, but not the vagina. Then I told her she had never practiced intercourse naturally. Then she told me she had never experienced any pleasure in the connubial act, but, on the contrary, it was always attended with great pain and suffering afterward; that the most of her married life was spent in bed, or away from home at some hospital, sanitarium or watering place, under the care of some M. D. Said she was hardly ever able to be up for a time after having intercourse with her husband, and never could understand why her lady friends, whom she sometimes talked to, did not suffer likewise; but some of them would hardly believe her.

There was husband and wife for a number of years copulating through the urethra. Said she never had enuresis.

Digitized by Google

She told me that she was determined never to marry again, owing to the wretched life she lived with the man she loved. I told her that the act naturally performed would not be painful to her, and saw no reason why she could not enjoy the same, as well as other women. I have heard since that she was considering another marriage.

Newport, Ark. JOHN JONES, M. D.

Vacuum Treatment.

Editor MEDICAL WORLD:—So many letters have come to me inquiring into the practical use of the pneumatic or vacuum methods, that it seems necessary to supplement the March letter (which appeared in April WORLD) with one more general as to the field covered, and explicit as to application.

In the first place, it is necessary to success that the vacuum should be considered as a scientific, though mechanical, form of treatment, which must be applied understandingly as in drug treatment. It is not taught in the medical schools and colleges (more's the pity), nor are there many practitioners of it who are known to be successful; with a national reputation, not one.

At this time it may not be amiss to mention the inventor of the vacuum methods, as practiced and improved upon in this country, George Hadfield, M.D.

Of him, Dr. H. N. D. Parker, retired, has stated:

"George Hadfield, M.D., was born in Chindly, Derbyshire, England, December 8, 1814. He graduated from the College of Physicians and Surgeons, at Manchester, in 1839. In 1840 he came to America and settled in Syracuse, N. Y. There he read homeopathy with Dr. H. F. MacCarty and graduated in that school. He then moved to Memphis, Tenn. He was very successful in the practice of medicine at that place and in Little Rock, Ark., until the close of the late war. He then, in 1865, moved to Cincinnati, O.; it was here that he made his first experiment with the leg receiver. The result was so satisfactory that he then constructed his first body receiver, or cabinet, together with the arm receiver and cups, which were paentted in this country, Canada and Great Britain, in 1866 and in 1867. He established at 277 Vine street, Cincinnati, a large institute or sanitarium, with several sets of instruments and a corps of skilled operators, for the cure of chronic and acute diseases, in the treatment of which he was very successful, and did a large business. He also made and sold to the profession a great many sets of instruments. The instruments were then known as Dr. Hadfield's Equalizers. He amassed a large fortune in his business. Failing health compelled him to retire, and he died at Waukesha, Wis., July 22, 1882, aged 67."

Articles on the use of the pneumatic cabinet in the treatment of phthisis, from the pens of H. F. Williams, M.D., and Karl von Buck, B.S., M.D., have appeared from time to time, but the smaller and more useful appliances seem to have had few or no press champions among those engaged in active practice, giving information of possible value to the profession. It is of these small cups and large, together with the foot, leg, finger, hand and arm receivers, I will write at this time—instruments of general utility in breaking up both remote and local congestions, and in bruises, inflammations, atrophy and functional weakness, and rheumatism, with but few exceptions. Two of these exceptions are primary gonorrheal and syphilitic rheumatism, though the chronic forms may be successfully treated after the specific disease or cause shall have been removed, and temporary relief may be had even in the acute primary stage.

A physician who neither possesses nor can acquire the "surgeon's touch" should never attempt pneumatic treatment, for failure will be his, no matter how erudite a man he may be, and a high degree of skill must be attained in its use ere any special and pronounced success may be reasonably looked fot outside some few plain, simple cases easy of treatment.

Vacuum treatment is a distinct science, yet there is no reason why it should not go hand in hand with medicine, and attain a high and specific plain. The success of medicines depend largely upon (and in some instances altogether) the free circulation of the blood; a freedom

Digitized by Google

never had more certainly than when the vacuum methods are employed. Let it not be understood that it is here recommended as in any sense a cure all, though so valuable. My words of enconium like my words of warning are for those able to fitly apply them, with the hope that no physician will hastily invest, expecting to use the appliances to the immediate startling of the profession by quick results, easily attained without special preparation. A skilled man will treat and cure congestive headache quickly; tonsillitis and quinsy, in acute stages, in one to two treatments, with local applications in the shape of a gargle and medicated hot wrappings, relief coming in from fifteen minutes to one hour, admitting of natural sleep, such relief being had under the vacuum before making other applications mentioned. Such patients should be kept quiet for twelve hours after treating.

In concussions of the spine, patients have been restored to consciousness within twenty minutes from the beginning of the vacuum work, who had been long unconscious and not properly responding to drug medication. Each treatment, properly applied, will bring such marked results in acute concussions as to defy doubt as to what agent is producing the desired effect. In all spinal concussions the blood settles upon the spine and clots about the bruised nerves; and to insist upon these bruised nerves and the heart throwing off this load, is to invite further reaching congestions along the spine. Even though the patient regains consciousness under the high organic pressure brought about by spinal and heart stimulation, a life-long invalid may be looked for. How much better, therefore, to remove the clogging blood and put new vigor into the injured parts by the skillful application of mechanical means, to the avoidance of the usual deplorable conditions before mentioned? In such cases the blood clots, moved from their original position to the surface, under the vacuum, will form in the tissues immediately beneath the skin like small indurations, though sometimes reaching the size of the egg of the common barn fowl. Whenever the bruised blood is brought up near the surface there will be found the same dark discolorations seen in surface bruises.

One must learn, however, to discriminate between the bruised blood of the surface, and that skillfully brought to the surface from about the spine and deep tissues; and, too, congestions produced by over-treating pneumatically, or by an over-dose of strychnia, or other spinal tonic. To urge the spinal nerves to great action when many of then are practically bruised and bleeding, and the blood clotted as well as congested about them, can but result in great spinal aggravation and the increase of already congested territory, and often in delirium or unconsciousness that might better be avoided. Especially is this true in concussions that directly include the spinal cord and brain.

In the examinations of patients for diagnosis, the tiny cups working without valves, the degree of vacuum controlled by the finger upon a small vent, are the best for all primary work. In removing an appliance, care, great care often, should be exercised, lest the blood, passing back into general circulation from beneath the instrument, should go so rapidly and with such force as to shock the patient, and thus do incalculable damage in the hands of one so inexperienced in vacuum methods as not to know what immediate action should be taken to neutralize the effect of such ignorant work. Let no one attempt experiments with only one appliance in spinal work (and I would make the rule general, if the best and highest results are expected), but have at hand appliances suitable for use throughout the entire spinal tract and upon remote nerve centres—appliances of the newest patterns, so constructed as to most perfectly conform to the lines of the body, capable of easy adjustment, facilitating rapid use; this last a condition most appreciated when one has a failing heart to encourage and hold up to its work, for in such a case only the most rapid work avails, insuring speedy and marked relief to the sufferer.

Of all cases treated by the writer, the passing through a heart crisis is the one most trying, though thus far successfully accomplished in from fifteen to thirty minutes. Of the cases in mind one was due to valvular trouble and enlargement;

Digitized by Google

one to pericarditis; one to organic disease and one to concussion of the spine and brain, this last a lady nearly seventy years of age. In all these cases only the smaller appliances were used, ranging from the tiniest stem cup with finger-vent up to an oblong 5 inches by 6½ inches, Wilkins' pattern, a cup of great value in general work.

In panaris (whitlow) two applications of the finger receiver usually suffice to effect a perfect cure; no medicine required, but the instrument should be rendered antiseptic both before and after using. Milk-cake has been repeatedly cured in two applications of the breast-cup, a cup especially adapted to the purpose, and patients have expressed delight in finding that the mammary glands do not atrophy afterward, as usual under different treatment. These cases are mentioned that those who may wish to try and who may not meet with like success shall not condemn the treatment, but, knowing what has been accomplished by others may, by like perseverance in acquiring the necessary knowledge of the methods and skill in their application, also win like successes.

Let me again urge care in the application of the principles of pneumatic therapeutics; gentleness of touch; the exercise of great discretion and judgment, and following the symptoms carefully day by day; watching the color of the blood determined to any point; the reduction of tenderness in parts under treatment; gradual strengthening of the tissues, and patient's ability to bear more and more vacuum from time to time.

In treating chronic cases an advance treatment, stronger than the ordinary, should be given once each week. This advance treatment is given by some on Saturday, skipping Sunday, but my experience causes me to favor some day in the middle of the week, my preference being for Thursday. Why this preference? It gives three days in which to overcome any ill effect from skipping Sunday, or effects of Sunday indiscretions on the part of the patient, before again advancing, and two days after the advance to overcome any unusual phenomena that may result from opening up new territory, or circulatory channels, that may have been long closed. This careful, systematically progressive work should continue until the layers of tissue of the back shall open up and the spinal cord and brain evince the fact that direct action is being had upon them, after which the treatment may be given intermittently, provided there is no relapse evidenced by the color of the blood as determined beneath the appliance, or other symptoms; the period of intermission being governed by conditions of improvement or failure. A patient will often pass one day without treatment, when to pass a second day would be ill-advised; therefore, it is a safe rule to first give a patient one day off—Sunday; next, a day in the middle of the week; and so gradually breaking away to weekly or monthly treatments until a perfect cure is assured.

Chronic sufferers must have regular, persistent and continued treatment, and this should be impressed upon their minds; while to encourage them the physician may point out to them the evident improvements. Some may be able to avoid this, but many cannot, and expect to hold a patient long enough to clean out all the dead blood and dead tissues, to the bringing of fresh arterial blood and the forming of new, thoroughly vitalized tissues. It is because of the non-removal of the dead blood and dead tissues resulting from various diseases and accidents, that we have so many chronic sufferers; and the time necessary to remove and renew them is the good and sufficient reason for most cases so slowly recovering.

In case of over-treating, do not permit a patient to leave without further discriminating treatment, not even from the office, but take a smaller appliance and dispel the acute congestion set up, apply a colorless liniment to the part, rub carefully and request the patient's presence next day without fail. Should the patient not be able to return, go to the house and treat lightly until all soreness either disappears or is greatly reduced, proceeding next day as usual, symptoms being considered. When a sharp, angry, maddening pain is produced, let in air quickly but carefully, gradually removing the appliance and following it up with a small one very lightly. When a tight, finger-like grip-

Digitized by Google

ping upon the sides of the spine is had, loosen at once.

Never keep a cup long over the sinus cavernous, as it will produce a plethora of blood in the head that will have to be reduced before the patient may be permitted to leave, if it does not indeed bring on a hemorrhage of the nose or worse condition.

Another safe general rule is to examine the entire spinal tract by the vaccum methods, whatever the case in hand may seem to be, and thus ascertain if good action is to be expected from the spinal nerves in backing up or maintaining the good effects expected from treatment elsewhere. In female weakness following child-birth, as late as ten months after, clotted blood has been found by me in the sacral regions and in the ganglions of both hips, although not suspected by either the patient or attending physicians. Clearing away of this lifeless blood brought renewed strength rapidly.

In a later article I will touch on locomotor ataxia, locomotor ataxia acccompanied with spinal irritation, and locomotor ataxia with spinal irritation and general chronic hyperesthesia, each requiring different handling even under the vacuum methods.

WILLARD CYRIL FRANCIS.

Topeka, Kansas.

"A Little Humor Now and Then," Etc.—Permanganate Potass. for Rhus Poisoning.

Editor MEDICAL WORLD:—While it might seem to many that there was not much pressing need of further advice in THE WORLD upon the subject of the prevention of conception, I have a means not yet given which I believe, if *strictly followed*, is both certain, safe and sure. It is this: the wife (no others, of course, need such means) shall at all times upon retiring take with her a glass about two-thirds full of water and set it in some convenient place near the head of the bed, and immediately after retiring rise up and take a swallow of that water and *not take another thing* until she gets out of bed in the morning, and I will guarantee that they will not be bothered with any more children. I have been in practice over 25 years, and consequently, like most physicians, have been frequently importuned by my patrons for some means of safely and surely preventing conception. I almost invariably give the above advice, with satisfaction to myself at least. L. T. WHITE, M. D.

Homer, N. Y.

Editor MEDICAL WORLD:—There has been considerable off-hand discussion on methods to prevent conception. Don't you think, as most all physician's wives read, and some thoroughly, too, the journals their "liege lords" take, that the profession of the obstetrician will materially decline if we don't hold up? What one wife knows she may and does have friends to whom she will confide; they in turn give the secret to their friends, until some old grandma will be secretly putting an end to the balance for money consideration, until the wail of the new-born will be a thing of the past; so much so that the would-be fond father will have to call on "Doctor's Wife" to put her wits to revolving and invent an incubator for growing babes (which will discount choloroform). No doubt, as "Doctor's Wife" has put all other physician's wives' little wings to buzzing, she will find no trouble in discovering a machine of this kind which will forever relieve child-bearing of pain. She will score an inning deserving of herself. Other wives will build her a monument with this in bold relief:

"Doctor's Wife" Emancipated Womankind.

I find a strong solution of permanganate of potassium a sure cure for rhus poison. A teaspoonful potass. permang. to 16 of water. Apply with mop or brush three or four times. Try it, brothers.

Genoa, Ark. DR. K. M. KELLEY.

Slow Pulse—Absence of Menstruation.

Editor MEDICAL WORLD:—I have seen two rather peculiar cases recently. Case 1. On February 3, 1897, I was called to see Mr. M. P., a Scotchman, who has passed his four-score years. I found the old gentleman in bed, and he informed me that he had two chills the day before, one at 2 p. m. and the other at 11 p. m., lasting 55 minutes. I found the following condition: Temp. 97½°, pulse 56, resp. normal, freely perspiring, acid per-

Digitized by Google

spiration, urine sp. gr. 1022, quite acid, no sugar, no albumen, and bowels constipated. I prescribed six grains of calomel and ten grains of soda, to be followed with Rochelle salts. After bowels had acted I prescribed fifteen grains of potass. bicarb. every three hours. Saw him on the evening of the 4th, and pulse was only 48. I then added eight drops of tinct. digitalis to each dose of potash. I did not see him any more until the 8th, and his pulse was then only 40. I then gave him two grains of quinine, ½ gr. strychnia and ten drops of tinct. iron every four hours. I did not see him afterwards, but he was up walking about in two days and getting on all right. Now is not that an unusually slow pulse?

Case 2. Mrs. C. S., aged 26, 5 ft. 5 in. high, weight 130 lbs.; has been married 11 years; menstruated twice the first year after marriage, and has not menstruated since. She has never been pregnant; no bleeding from the nose, no spitting of blood nor loss of blood from any organ. Upon examination I found her suffering from vaginitis, and the parts were so very sensitive and sore that I could not make a satisfactory examination. I prescribed a vaginal wash of carbolic acid and sulphate of zinc. What more can I do for her? Both husband and wife are from healthy families.

W. S. ROBERTSON, JR., M. D.
Mt. Cross, Va.

Pains of Parturition Mitigated by "Squaw-Root."

Editor MEDICAL WORLD:—On page 82, February WORLD, Dr. Lutton seems to be surprised at the action of "Squaw-root." There has been so much said recently on the use of chloroform in labor, that I feel disposed to tell Dr. Lutton and others that there would be very little use for chloroform in such cases if doctors would become familiar with the action of squaw-vine (papoose root) and other agents of that class. For twenty years past, medical writers have labored to impress upon the profession the importance of rendering the parturient period as nearly painless as possible. As reliable agents, competent to produce this result, they have advised the use of a number of indigenous plants, among which squaw-vine has achieved a well-deserved reputation. By the way, sqaw-vine, papoose root, etc., are terms too unscientific for physicians' use; they are names given by the Indians to several genera and species of plants possessing somewhat similar properties, yet differing widely in their mode of action.

Should some foreign chemist herald the discovery of a new coal tar product, and affirm that its use would greatly alleviate the excruciating pains of childbirth, the profession would receive it with open arms; yet from some unaccountable, as well as unprofessional prejudice, they have rejected with scorn the idea that "any good can come out of Nazareth." When will "the profession" cease to claim that "this world was made for Caesar?" The last edition of the U. S. D. speaks as follows of one of the numerous plants called squaw-vine. "Caulophylum has been scarcely used at all by the general medical profession, although the so-called eclectics or homoeopaths claim for it peculiar valuable properties. It is said to be sedative, antispasmodic and oxytoccic, and to have the power, when *uterine inertia* occurs during labor, to cause the contractions to become more severe without altering their general character as does ergot," etc. It is a fact, attested by long years of observation and careful clinical experiment, that by the proper use of these valuable agents the agonizing pains of childbirth can be wonderfully mitigated, and I would assure Dr. Lutton that, in the case to which he refers, the lady, no doubt, owes her complete freedom from pain to the liberal use of the *tea* which her friend advised her to use. I hope the Doctor will give it to some of his other patients who usually have a *hard time*, and take notes of its beneficial effects. He will observe that what are called *false* pains and after pains will not be noticed, and that the woman will convalesce much more rapidly than usual. Besides, the Doctor will have very little use for "chloroform in labor." If the "so-called electics" had never done anything else than to demonstrate the peculiar virtue of these valuable remedies, they would richly deserve the respect and courteous treatment of every physician.

On page 71, February WORLD, Dr.

Digitized by Google

Bennett relates a case of "relief by suggestion," which reminds me of my own experience with gelsemium some years ago. I was convinced of the value of a hypodermic injection of Merrell's green root gelsemium in certain cases of spasm, from several years of careful observation. I was hastily called one day to see a man who, as his wife said, was going into spasms with pain. Being full of my theory, I at once began to prepare my syringe, but found that my gelsemium bottle was empty. I hastened back to my office, which was not far away, and soon returned, and found my patient quite comfortable. Subsequent observation proved that he had passed a gall stone. But had I at the time had a good supply of my favorite drug, I would have had another case to *prove* the magical effects of gelsemium in spasm. I have not lost my faith in my pet medicine, but I receive with caution arguments of the post hoc, ergo propter hoc variety.

Lebanon, Mo. F. A. REW, M. D.

Veterinary Requirements of Country Doctors.

Dr. W. W. Gruice, of Winnsboro, La., writes an interesting letter about the veterinary requirements of country doctors. He says: "We are called upon sometimes to tap a dog for dropsy, or prescribe for rheumatism for 'my setter.' We are expected to know a great deal about everything. Many cows, mares and sheep die with their young unborn, and the owners are afraid to give sufficient aid unless some doctor comes along and tells them to 'pull it out at all hazards.'"

As an illustration of the latter he gives the following:

"My neighbor, Judge Ellis, had a 20 months old Holstein heifer in labor, with head and left fore foot born, but no further progress could be made. He and his colored man had been working with her for a long time, when he came for my assistance. The heifer was restless and straining, getting up and lying down alternately. I tied her head to a post, then tied a rope, protected with a sack, around the neck of the calf, tied the other end to the middle of a rail, placed one end of the rail against the corner of the barn and had the Judge and colored man to pry at the other end, while I manipulated at the parts. The rope tightened till it dragged the cow and tightened the rope by which her head was tied to the post. This force was continued until the full strength of the two men was reached, and the calf was finally pulled out by 'main strength and awkwardness.' Then we went to work with the calf just as we do with an infant that is born lifeless. We worked hard for an hour and were rewarded by life. That was 2 p. m. and the heifer was found in the condition described about sun up. Both made a good recovery."

Cure of Dropsy by Removal of Ovarian Cyst.

Editor MEDICAL WORLD:—Some time last fall I reported the case of Emma Turman, a negress, whom I had been tapping for dropsy for the past five years. I received numerous letters advising me as to treatment. Among them was one from Doctor F. T. Merriwether, of Ashville, N. C., in which he said that I might possibly be mistaken in my diagnosis, as he had, a short time previously, operated on a woman for ovarian cyst that had been tapped for six years. The next time I tapped her I discovered, without difficulty, that it was an ovarian cyst. I immediately wrote to Dr. Merriwether, stating the fact to him, and made arrangements with him, for a small fee, to come and operate on her. He operated on her the 9th of March, removing both ovaries and also the appendix. In three weeks she was able to sit up, and in thirty days she was entirely well, and is now able to do her house work. She is fifty-three years of age.

As the greater number of doctors keep horses, I will give a simple cure for founder, either from grain or water. Alum, given in tablespoonful doses, either in solution or powder, thrown back on root of tongue, repeated every six or eight hours, will cure in twenty-four hours. Will never fail if used early after founder. W. E. LINK.

Link P. O., S. C.

[What is the pathology of foundering in horses?—Ed.]

Yes, we can still supply a few sets complete from last January, making 1897 volume complete. Send subscription soon.

Digitized by Google

Dr. Luther L. Gilbert, of Prospect, Tenn., reports a remarkable case of recovery of a six years' old boy after a wagon loaded with cotton seed had passed over his body. The wagon with its load weighed 2,500 pounds. The wheel passed over the lower part of the sternum, fracturing it and two ribs. Patient coughed and spit blood. The treatment consisted of hot applications and the relief of pain; in one week the patient was up and going about as usual.

Fearing Opium, yet Playing with Alcohol.

Editor MEDICAL WORLD:—While not expecting to place any new facts before the readers of your journal, with your kind permission I would like to bring, if possible, a new and stronger light to bear upon existing conditions.

I would make the following inquiries: What is the relation of your progressive young physician toward alcohol as a drug? Where shall a physician draw the line between the *drug* use and its use as a *beverage?* Is he justified in carelessly prescribing it, while carefully administering opium, and alert as to the seriousness of the cocaine and other drug habits, and possibly conscientiously advising patients, in certain conditions, to give up the use of tobacco? One outside of your ranks is sometimes forced to the conclusion that it is not as necessary to guard against the chances of addiction to alcohol as to these others.

It would seem that results do not warrant the assumption that alcohol can be thus trifled with. In proof of the gravity of the situation, I point to the many institutions springing up for the treatment of those drug-enslaved, of whom the largest proportion are the slaves of alcohol. I point to the fact that some of the brightest minds among you, most alert, are canvassing earnestly for a scientific treatment of those so unfortunate, which they do not seem to have received in the past; and also the respectful hearing given this subject by the American Medical Association. You have in your hands the solving of a great problem. If the mantle fall not on the shoulders of the great medical profession, then on whom shall it fall? Who is equal to this thing? Who can be our authority in place of him who is supposed to be observing and determining the action of foreign substances on the wonderful human organism?

I have come to rather a sad conclusion that some among you are playing with fire. Wearied often by physical and mental strain and a somewhat irregular life, I have seen how greatly tempted the physician is to resort to self-stimulation. I have seen that when he does so he is sure to come to a point when he takes it instead of the glass of hot milk, chocolate and wafers, beef tea, or any of those things that are supposed to comfort and stay a man's stomach in the between-meal interval.

Again, I would like to ask, in such a case, does a man gain or lose in actual working capacity in the long run? I know it is often a case of substitution of the stimulant for food. May not the apparent increase in appetite be unnatural? It seems to border more on a kind of craving faintness than genuine hunger.

What are you, doctors, going to do about this thing? You will run the risk of being pronounced inconsistent by the laity if you warn people against cocaine and morphine, smile pityingly on the poor opium eater, and fail to guard against this most easily contracted of sins.

It is possible that if, by careless prescriptions, you allow persons (not always necessarily weak) to drift that way, public sentiment will yet hold you responsible.

It is possible that some brother among you, possessed of both learning and moral courage, may yet rise and administer a pointed rebuke.

A NEW JERSEY DOCTOR'S WIFE.

[A few of our correspondents have protested against us yielding any more space to doctors' wives, and others have expressed high appreciation of their contributions. It is certain that man is always benefited by the ethical intuition of woman. She knows what is best even when she cannot tell why. It is frightfully true that alcohol is a greater danger than opium or cocaine, and we should duly realize this fact. It is sadly true that the medical profession supplies a larger percentage of the victims of all these drugs than any other class. Go to any of the institutions for the treatment of these unfortunates, and it is humili-

Digitized by Google

ating to see how many are medical men. The reasons are hinted above; but physicians should realize that drugs should *not* be resorted to during great mental or physical strain. Take the glass of hot milk, and add a little capsicum if necessary, together with your regular meals, and you will always be safe. At the same time, we are opposed to fanaticism. Alcohol and other drugs have their places, but the sad experience of many of our brethren proves that this place is not to supplant food in times of severe trial, particularly with physicians, for these trials come so often to them that this use soon becomes a habit, and then an almost certain downfall.—ED.]

New Hats May Spread Scalp Diseases.

Dr. Myles Purvis, of Brooklyn, N. Y., writes us that he has noticed the fact that prastic diseases of the scalp in children are spread by the custom of trying on many hats in a hat store in order to find one that fits. One child may infect dozens of hats that go back into the boxes and are sold to innocent children that get a scalp disease with their new hat. The disease may not appear until warm weather when the heat and moisture will favor development from the germs on the hat band.

Pendulous or Relaxed Scrotum.

Editor MEDICAL WORLD:—Just a word in confirmation of Dr. Stevens' observations in the May WORLD. An unnatural relaxation or pendulous condition of the scrotum, which does not readily contract (as is natural) upon exposure to the cooler air of the apartment by removal of the clothing or bed covering, is an early and valuable sign of illness in children, and also in adults. It is not a special or distinctive symptom, but one of the slight general signs showing that there is trouble somewhere. It does not appear to depend upon fever or a feverish state, for it may be noted when the temperature is normal. Intelligent and observing mothers were the first to draw my attention to this point, and I have frequently verified it in practice. As to the cause, is it not readily apparent that the scrotum presents a superabundant amount of skin tissue of a peculiar character with few muscular fibres, and reveals the bodily relaxation when the system is out of order?

Washington, D. C. H. T. G.

"Let Reason Reign and Passion Serve."

Editor MEDICAL WORLD:—The recurring discussions from time to time as to methods of preventing conception seem to touch very lightly on the natural means, the best, the easiest, the safest and only *sure* preventive measure, *i. e.*, abstinence for the eight or sixteen days after the menstrual period, according to the discharge of the ovum, which every intelligent woman can determine if she observes closely.

Of all the methods suggested, some are satisfactory in individual cases; in others, with seeming equal care, they fail of their purpose, and all are nasty, differing only in degree.

The French pessary is all right, theoretically, but practically useless in the case of the normally-constructed woman whose cervix is not hypertrophoid.

The fine sponge inserted into the os uteri, according to the suggestion of Dr. Rose, p. 106, is the acme of nastiness—if women could accomplish its adjustment, which would be impossible for a much larger number than one out of twenty—and if accomplished with the normal os uteri, it would, as it expanded, cause sufficient dilitation to be exceedingly uncomfortable and possibly anticipate the flow.

But leaving the methods already advocated, which we know are practiced more or less with or without the consent of the family physician, let us take the case of the educated young couple contemplating matrimony, who come to the honest physician for advice. How is he going to tell them to prevent conception taking place on the first contact?

How, when they become accustomed to each other and the new life, and wish to fulfil the law which made of their two bodies, as it were, two blades of the same instrument for one purpose, *i. e.*, to weave a tent for another soul to inhabit, is he going to tell them to make the boy or girl they so much desire?

The responsibility of motherhood is all prominent in these discussions. Why not write on the responsibility of father-

Digitized by Google

hood? Does he not share in the parenthood? And should not his responsibility be greater than is commonly accepted?

With such understanding, our "new woman," who is only the old ideal with the new enlightenment, will gladly perform her wifely duties whenever her husband wishes to assume the responsibility of fatherhood.

If self-control is practiced during the fecundating period of the female, authorities assert that the vivifying element is diffused throughout the whole organism, replacing waste, stimulating the mental powers and storing up energy for future use.

Chicago. E. T. S., M. D.

Diarrhea Can be Inherited.

Editor MEDICAL WORLD:—In May WORLD you ask if any had noticed a tendency toward diarrhea among children of old soldiers, who have been for years victims of the chronic form of that trouble.

I have, myself, for the last ten or twelve years, been a victim of diarrhea. My father, who was an old soldier, has suffered with the above complaint ever since he was in the army. For several years I have been making a study of chronic diarrhea, and if necessary, might report a number of cases in which old soldiers and their children have suffered more or less from chronic diarrhea. As for treatment, the best that I have found is as complete intestinal antiseptis as possible.

FRANK LOMERSON, M. D.

Columbus, Ohio.

Specialists.—Comments.

Editor MEDICAL WORLD:— At a recent meeting of the Physicians' Club, of Chicago, we had a discussion upon the relations of the general practician to the specialist. As the latter was in evidence numerously, we had his side of the question well presented. He finds fault with the family physician because he undertakes to treat cases that require the specialist's skill; he does not carry out the specialist's suggestions carefully or skilfully; he keeps a case until all the money is gone, and then hands the patient over to the specialist, etc., etc.

Whatever measure of truth there may be in this, the practician's side is much stronger. He does nine-tenths of the work for one-fourth of the pay. His all-round qualifications average higher than those of the specialist, and yet his modesty keeps him silent, while the other monopolizes the societies and journals.

The fact is, that never before in my life have I known of such wide-spread distress among the general practicians as exists at present. Never before has the pinch of hard times been so severe. All over the country the cry is heard, that what with unfair competition of druggists, society practicians, specialists and advertisers, and the difficulty of making collections from impoverished patients, the lot of the doctor is very hard.

Under these circumstances the bare fact stands out that the doctor cannot afford to send his paying patients to the specialist. It is too one-sided; too much of a jug-handled deal. The doctor sends his cases to the specialist, and by the time he has parcelled out his eye, ear, throat, nose, rectal, gynecological, nervous, chest, skin, genito-urinary, venereal, surgical, orthopedic and children's cases, with a few more "specialties" that has escaped me, what has he left?

And he gets nothing in return. Betweeen specialists there is a give-and-take policy, so that the eye man gets a case from the rectum man and, at the first opportunity, returns the compliment. But there is no return to the general practician. I sent a lady to my gynecological colleague in Philadelphia, and he retained the family as his patients thereafter. This drove me to doing my own gynecology; and in self-defense I have been compelled to take up rectal, genito-urinary and general surgery to earn my bread. The specialist would do wisely if he were to lie awake at nights and cogitate upon schemes to extricate the general practician from his present state instead of taking advantage of his confidence to plunder him. For there are only two sources from which the specialist can get his patients—the family doctor and the general public. If he chooses the latter, he enters the lists against the advertising gentry who are not hampered by professional restrictions. If he seeks business in the

Digitized by Google

legitimate channels, he must sustain the general practician.

At the meeting to which I referred, I suggested that a step in the right direction would be for the specialist to divide his fees with the man who sends him the case. This was received with some favor and a few hisses. But one of those who objected, told me afterwards that he made a habit of dividing the fees, but did not say so "out in meeting." This I most heartily object to. If the thing is right it should be done openly. And that it is right seems to me pretty clear. I know that when I receive a consultation fee, quite often the doctor has to wait for his own bill. I have paid fees out of my own pocket for which I have never been reimbursed.

Another thing is this: The work of the consultant is never done properly unless he leaves the family doctor strengthened in his position by the consultation. It is so easy to make or mar the doctor by a few words casually spoken; and they can be as easily directed to the man's benefit as his injury.

On page 193, Dr. Mauser describes a case of fever attended with symptoms, denoting disease in the cecum and ascending colon. As described, the case is one of fecal retention and decomposition with auto-toxemia. I would suggest a moderate dose of blue mass, followed by a saline cathartic, and about forty to sixty grains daily of sodium sulphocarbolate; continue for a week, keeping the bowels open, but not loose.

Dr. Rockwell has not had success with the combination I suggested in pruritus ani. When you find a remedy that will cure every case, send it around. Let him correct the digestion, empty the bowels, and if the itching continues, apply Goulard's extract, diluted to one-fourth or one-eighth, continuously for a week. As long as lead subdues local irritability, it will relieve itching.

There is no more obstinate affection than hiccup. I have a friend here who has used over 200 sure cures, and has been hiccuping for fifteen years, probably 20 per cent. of the time. I have cured cases by relieving the gastric catarrh present; also, by curing dilatation of the stomach; also, by dilating the anal sphincter; and a number by forbidding the patient to overload the stomach. I would, also, suggest the application of ice over the pneumo-gastric nerve in the neck.

In Dr. Howell's case of epilepsy, page 197, I would suggest the use of passiflora and senna. But it may well be that an examination of the rectum and genitals may discover a source of reflex irritation which can be removed with advantage.

For Dr. Thompson's case, page 197, I would suggest as a name, fecal impaction. Dr. McCracy gives a typical case on page 200. The mistake in these cases lies in relying upon cathartics and ordinary enemas of water. I have several times read in THE WORLD of the use of coal oil, a pint by enema, and the promptness with which it breaks up impactions; and I have been waiting for a case sufficiently grave to give me the nerve to use the oil. But thus far all my cases have done well on the use of enemas of hot water, carried as far as possible up the bowel by the colon tube, alternated with half-pint enemas of cold, saturated salt solution. Meanwhile I give the laxative granules by the mouth to restore tone to the intestinal musculature. If a big physic can be borne, I give the sulphate of soda, a glass of the saturated solution. But the enemas are the safer remedies.

On page 208, Dr. Meyers asks about a lady who is annoyed by paresthesiae. She is 38, and has had "muscular rheumatism." This latter affection is frequently a form of myalgia, but in many instances it is due to irritation of the spinal cord by toxines absorbed from the alimentary canal. As the lady is nearing the menopause, the tendency to reflex irritability is enhanced. I would empty her bowels by a brisk cathartic of calomel and jalap, aided by a cold salt enema, and follow with the use of laxative granules and the sulphocarbolate of zinc, about forty grains daily. Have her take a good deal of exercise also, and regulate the diet carefully. If the heart is weak, give five drops of tincture of cactus three times a day, with decoction of fresh cimicifuga.

WILLIAM F. WAUGH, M.D.
103 State street, Chicago.

Digitized by Google

Quiz Department.

Questions are solicited for this column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication) will not be noticed.

The great number of requests for private answers, for the information and benefit of the writer, makes it necessary for us to charge a fee for the time required. This fee will be from one to five dollars, according to the amount of research and writing required.

Editor MEDICAL WORLD:—Please give treatment to a subscriber for general pruritus. It is very exasperating, migratory in character, with a sense of formication. Quinine, sulphur, resinol, chl. hydrate, hg. bichlor., cannabis Ind., etc., have been used in vain.

What is the Phrygian disease?

Sikeston, Mo. JAMES E. FOLSOM.

Aphonia.

Editor MEDICAL WORLD:—I have a case of aphonia, in which I need help, therefore would ask for your assistance, and would also like to hear from the medical fraternity.

Mr. E. P., farmer, 30 years of age, German descent, good family history. Contracted a severe cold in February, 1896. Was treated for some by a local physician. Was in bed about two weeks. Was very hoarse during the entire summer, but was always able to speak fairly well until the coming fall, when he says he lost his voice for several days, and then regained the power of speech. He remained very hoarse until about the middle of December, when he again lost his voice, not being able to speak above a low whisper.

He came to me about the latter part of January. On examination with the laryngscope, I found the pharynx, larynx and glottis of a reddish, congested appearance. His uvula was elongated and the vocal chords hypertrophied; impossible to articulate; had a sensation of tickling in his throat and has it still. Brings up a muco-purulent looking secretion when he attempts to clear his throat.

I put him on general tonics, used nitric acid, chlor. kali, also used a swab of silver nitrate solution.

I find that the medicine has no effect whatever. Am now using the galvanic current twice daily, but without improvement. I have another case with same history, but do not want to tackle it until I hear from the Editor and the WORLD family. I. N. COHEN.

206 South 4th street, La Crosse, Wis.

[This case was referred to Dr. E. B. Gleason, 41 South 19th street, Philadelphia—an able specialist in diseases of the ear, nose and throat. He says that this is probably a case of chronic laryngitis which has led to thickening of the vocal chords. He directs as follows: Give from three to five grains of iodide of potassium three times a day. Also apply a 4 per cent. solution of sulphate of zinc to larynx by means of a swab or brush every other day. Or, as a substitute for this, insufflate with a powder blower a powder composed of a finely pulverized sulphate of zinc and sugar of milk, equal parts, every other day. Give to the patient a 4 per cent. solution of antipyrin with an atomizer and tell him to atomize the throat with this, during forced inspiration, four or five times a day. Gradually increase the strength of this solution up to 8 per cent. The nasopharyngeal condition should be appropriately treated with alkaline and astringent sprays.—ED.]

Nasal Ulcer.

Editor MEDICAL WORLD:—Will the Editor or some brother give treatment for chronic ulcer of the turbinated bone in male aged 70? Ulcer has existed since the removal of a polypus about ten years ago. The ulcer can be seen by dilating nostril. There is a bloody ill-smelling discharge. Patient is not robust, but is not ill, and enjoys fair health.

Roxbury, Conn. L. J. POTTS, M. D.

[This case was also referred to Dr. Gleason, who says that there are probably necrosed spicules of bone which prevent the healing of the ulcer. These must be removed. Examine ulcer carefully with probe, to determine if a sinus exists leading to necrosed bone. If necrosed bone be detected it should be removed. If sinus is deep or if middle turbinated bone is enlarged, better remove the superabundant portion of it by means of a snare or some other suitable instrument. If only necrosed spicules of bone exist, these can be removed with a small sharp curette. After operation the parts should be cleansed with peroxide of

Digitized by Google

hydrogen applied by means of a swab, and also alkaline sprays during period necessary for healing. Use of curette may be required more than once if sinus is deep and operation is followed by little or no reaction. Build up the general health.—Ed.]

Norwood's Tincture of Veratrum Viride.

Editor MEDICAL WORLD:—Norwood's tincture of veratrum viride is sold here under two distinct labels. One is signed in script at bottom of label, "Wesley C. Norwood, Cokesbury, S. C.," and the other "W. C. Norwood" (in print), and states that the article is manufactured by the Shakers of Mt. Lebanon, N. Y. Now, which of these are we to understand is the original "Norwood's tincture of veratrum viride?"

W. D. NEIBERGER, M. D.
Bloomington, Ill.

[The Norwood who made the original Norwood's tincture of veratrum viride, in South Carolina—the natural habitat of the plant—is, perhaps, long since dead. The Wesley C. Norwood, of Cokesbury, S. C., is perhaps a descendant of the Norwood who made the original tincture, and very probably still makes a reliable preparation from the green root. The Shakers of Mt. Lebanon, N. Y., make very reliable pharmaceutical preparations. An eminent pharmacist whom I consulted considers the tincture made from the dried root practically equal to that made from the green root, if the dried root has been properly selected and dried. The Norwood who has his name printed on the labels of the Mt. Lebanon preparation may be a member of the S. C. family, who has moved to Mt. Lebanon, or his name may just happen to be Norwood. The tincture of veratrum, as now directed to be made by the U. S. Pharmacopeia is equal in strength to Norwood's tinctnre; and if the materials are properly selected and properly manipulated, will produce a reliable tincture quite equal to Norwood's. So the present status is as follows: The Pharmacopeial tincture has been changed so as to equal the Norwood tincture in strength, if properly made from proper materials. The S. C. tincture is, perhaps, still maintained at the original standard. The Mt. Lebanon tincture is also of reliable quality. The uncertainty which formerly perplexed the physician in the use of this drug has fortunately largely been removed.—ED.]

Pruritus Ani.

Dear WORLD:—Say to Bro. H. O. Rockwell, East Troy, Wis., that the best ointment I ever used for pruritus ani is:

R Citrine ointment
Resinous " equal parts.
Mix intimately. Before using wash ani with hot weak suds, dry, and with finger apply ointment.

I wish some of your many contributors would tell me how to make tincture of horse chestnut. Some use alcohol, and some use alcohol and water, equal parts. Which is the better way?

Auburn, N. Y. DR. EVERTS.

[In making a liquid preparation from a plant, the solubility of the active principle is the thing to consider. If soluble in alcohol, alcohol is the solvent to use. If not soluble in alcohol, but soluble in water, an infusion is the proper liquid preparation. Many active principles are soluble in both alcohol and water in varying degrees. Study horse chestnut from this point of view.—ED.]

To Prevent Post Partum Hemorrhage.

Editor MEDICAL WORLD:—Let Dr. Hershey try the following, until full term, for his patient who is subject to post partum hemorrhage:

R	Fl. ex. ergot . .	dr. iiss.
	Liq. strych. . .	dr. j.
	Aq. ad. . . .	oz. iv.

Sig. One teaspoonful.

The ergot will not excite uterine contractions unless the uterine action has been going on previously.

I should like to hear his results through THE WORLD.

JAS. ARMSTRONG.
Moore, Ontario, Can.

Substitutes for Quinine.—Treatment of Typho-Malarial Fever.

Editor MEDICAL WORLD:—I would be glad to get an expression of opinion from the Editor and readers of THE WORLD as to what is the most reliable

Digitized by Google

substitute for quinine in malarial fever, and other forms of malaria. I live in a malarial district, and frequently meet cases who will not take quinine, thus giving me much trouble and prolonging the duration of the case. I would also like the best treatment of the so-called typho-malarial fever.

Concord, Ark. W. W. WARD, M.D.

[Cinchonidia can frequently be borne when quinine cannot, as it disturbs the nerve centres less. Chinoidin, a non-crystalizable residue after removing the crystalizable salts of cinchona, is quite an effective anti-malarial agent, but it is liable to disturb the stomach. Capsicum or oil of black pepper combined with it decreases this tendency. It disturbs the nerve centres still less than cinchonidia. Its extreme cheapness is an attractive feature to country physicians who have a large poor clientele to whom they have to supply medicines. The inquirer should acquaint himself with what the standard books say about the use of arsenic, nux vomica and innumerable other drugs in malarial troubles.

For the so-called typho-malarial fever, combine the Woodbridge antiseptic treatment for typhoid fever with the ordinary treatment for malarial fever—ED.]

Epilepsy.

Editor MEDICAL WORLD:—Female, aged 25, was married at 18; enjoyed good health until she was 19. Had been pregnant about three months when she began to have slight nervous attacks, gradually developing into epilepsy—at about the sixth month. At this period the case came under my care. By the administration of the bromides the intermissions were lengthened and the attacks rendered less severe, and strong hopes were entertained that confinement would give entire relief. And so it seemed for a period of six months. But when the menstrual periods were established the attacks returned, and since then she has had fits at irregular intervals; sometimes three or four in a single night, again she will have an intermission of six or eight weeks. She is very apt to have a spell just before and after her periods. Patient is always very nervous before she has a fit, and always much depressed, mentally and physically, afterwards. Never has a fit when awake; she usually has them at 10 p. m.

Does uterine or ovarian disease ever cause epilepsy?

As regards treatment, I have used many of the remedies recommended; nothing has done more than give temporary relief, and none have accomplished so much as the three bromides.

Any information bearing on this case will be gratefully received.

Please suppress my name and address, as this is a family skeleton, and they have guarded their secret well.

ARAM.

[The outlook for this case is about as discouraging as for the average case of epilepsy. Yes, uterine and ovarian diseases do sometimes cause epilepsy, but in the vast majority of cases the cause cannot be discovered—at any rate a cure cannot be effected. Sometimes the seizures are suspended during pregnancy or lactation, but, unfortunately, they usually return upon the re-establishment of menstruation. Epilepsy is as discouraging a malady as the physician is called upon to treat. If anyone has any light to offer, let us have it.—ED.]

Obscure Pain in Right Side.

Editor MEDICAL WORLD:—Miss M., age 26, about five years ago was taken with intense pain right side over the liver. The pain has continued ever since, at times more intense than others. She has had several doctors, but none have given any relief. I have made a physical examination of the side, but can detect nothing abnormal. Her temperature is 100° at all times. She eats and sleeps well, and attends to daily work, but this pain annoys her constantly. I will be very grateful for assistance.

Conn. J. N. N.

[The high temperature means something, but just what it means is not easy to say. An abscess of the liver should find an exit in less than five years. Local tuberculosis is a possibility. The age would contra-indicate cancer.—ED.]

Dr. F. P. Gates, of Manteo, N. C., who has been a subscriber since 1886, writes: "THE MEDICAL WORLD and I have become very warm friends; we often consult together, with much satisfaction to myself."

Digitized by Google

Current Medical Thought.

Dilitation of Anus for Dysentery.

It is not my intention to go into the clinical history of this disease to any great extent, but simply to call attention to a mode of treatment which, as far as I have been able to learn, has never been employed by the profession or others, and which in my limited experience has proven a specific, and to which I have seen fit to apply the term "Surgical."

In my locality, every spring and summer, we have an epidemic of dysentery, beginning, usually, among the negroes, but extending likewise to the whites. In these epidemics I have had ample opportunity for study.

I observed that there was a spasmodic contraction of the anus and this condition, I thought, was due to the irritation in the rectum, which excites the sphincters into firm contraction. The contracted condition of the sphincters, I concluded, prevented a complete evacuation of the contents of the rectum and thereby produced the tormina and tenesmus so characteristic of this disease. Having reached these conclusions, I determined to try dilatation of the sphincters and operated as for fissure in ano. The result was so gratifying that I have continued this mode of treatment, and now, immediately upon seeing a case, I dilate both the internal and external sphincters, but not quite to the extent as for fissure in ano. It is my custom to give a little chloroform, though I have operated on quite a number without doing so.

The fever which accompanies dysentery is not the result of any inflammatory condition which exists in the rectum, for in the puerperal condition we have a more inflamed condition and yet no fever unless from sepsis; and we do not anticipate fever in our surgical operations unless from lack of antiseptics, therefore we must conclude that the source of fever in dysentery is the result of septic absorption.

The after treatment consists in irrigating the rectum with antiseptics and astringent solutions, although boiled warm water, one quart, with the addition of two drachms of powdered borax has given me as good results as anything else. After the dilitation of the anus the dysenteric evacuations cease.

The internal treatment consists of the usual remedies, calomel, salol and ipecac, in small doses, repeated hourly, until the physiological action of the calomel and ipecac is obtained, followed by a saline cathartic, being my preference, and if necessary, morphine, gr. ¼, atropine $\frac{1}{150}$ hypodermically to relieve pain.

The diet should consist of broth and raw eggs. As our water in the country is all surface water I ordered boiled water for drinking purposes.

The sanitary surroundings should be looked after and all of the evacuations should be disinfected.

The room should be well ventilated and the bedding frequently changed.—DR. E. L. PATTERSON, Barnwell, S. C.

Social Purity and Marriage.

It seems that new ideas and principles increase in number in a direct ratio to the lengthening age of the world. One which can be referred to the rapid spread of scientific knowledge among the people in general, and especially to the higher education of women, is the growing conviction on the part of the gentler sex that they should not receive into their arms the men aspiring to conjugal felicity who cannot bring to them a guarantee of freedom from diseases which, when existent, may menace the health of the wife and her children, and destroy the happiness which marriage should bring to all who participate in it. That great educator, the modern novel, its co-worker, the problem play, and last but not least, the higher education of women, have all been potent influences tending to take sexual relation from its place among the mysteries of life, from the darkness with which it has always been environed, and allow the clear sunlight of scientific knowledge to shine upon it. Such influences as these are to many maudlin occupants of the pulpit proofs of degeneracy; of what they please to term the impure spirit of the age. To the calm and careful thinking sociologist they are evidences of a wish to see the question settled. To end controversies is preeminently the spirit of the century in which we live, and what our sexual rela-

Digitized by Google

tions should be is but one of the problems of which we seek the solution. Knowledge is not impurity; innocence which knows not its place in the world is degrading. Normal, healthful sexual intercourse is no more wrong than is the performance of any other purely physical act, and it becomes wrong only when performed in the face of social law. Our social system puts clearly defined limits upon sexual indulgence, and proscribes license. Our intelligent women are waking to the fact that the social law was not made for women alone, but applies in all equity to the opposite sex as well.

A moral nature so finely developed that it will not permit its owner to enter into the marriage state bearing the seeds of possible direful results to wife and family, is not common among men. Sometimes mistaken and pitiable marriages are the result of ignorance rather than of moral deficiency, but the family physician and the consultant gynecologist are no longer the only ones who know why such and such a wife is an invalid, or why such another one is sterile. Keen-sighted women are coming to understand these things. Victims and sufferers, perhaps, themselves, they are rising in defense of the daughter's health and happiness from the results of a life of lasciviousness ante-dating marriage on the part of the man who desires to share the conjugal bed.

From Paris, that star in the firmament of cities, as well as the cloaca of civilization, comes the latest instance of awakening on the part of thinking women. At a woman's congress recently held, resolutions were adopted to the effect that "all families must secure certificates of health from intended sons-in-law, in order to guard the daughters of the Republic from the risk of contagious or hereditary maladies in the aspiring fathers of a later generation."

Medical men have accomplished much in promulgating the doctrines founded upon their work and study, and the world is bound to awaken to the importance of the subject when it understands that 15 per cent. of all diseases of women, excluding prostitutes, are caused by gonorrhea and its sequelae. Still, and in spite of this, only a small proportion of the credit of educating upon these lines belongs to the medical profession. Medical literature is peculiarly barren of knowledge relating to sexual subjects. Medicine, like parents, leaves this as the one subject to be avoided.

Let us say all we can in encouragement of the women of France in their good work, and extend a welcome to the fast approaching time when the young couple starting out on the way of married life come to each other with a clean bill of sexual health. It will be one great step toward the future marriage, which, like good life insurance, will be impossible without a certificate of freedom from hereditary or acquired disease.

DR. E. S. BULLOCK, in N. Y. *Policlinic.*

French Code of Ethics.

The Paris correspondent of the Cincinnati *Lancet-Clinic* states that the General Council of the Medical Societies of the Seine has finally discussed and accepted the following code of ethics:

Article I.—All physicians called for the first time into a family shall, if they perceive or learn that they have been summoned in the absence of the patient's family physician, only give such medical attention during the absence of their confrere.

Article II.—If the physician called in the absence of the regular medical attendant discovers that the patient intends to continue present services for the future, he may continue to visit the patient after having notified his confrere.

Article III.—All physicians called in an emergency shall confine themselves only to prescribing the necessary medicine for the moment, and not leave the impression on the family that they should be called in consultation by the regular attending physician.

Article IV.—All physicians called to a patient during the course of an acute or chronic malady should endeavor to have the former attending physician called back to the case; if failure follows, he must notify, without delay, the confrere whom he succeeds.

Article V.—All physicians called in consultation shall abstain, while with the patient or family, from making any remarks regarding the case. The con-

Digitized by Google

sultation ended, the treatment shall be laid down by the regular family attendant.

Article VI.—The physician called in consultation by the physician or the family should never return to the case unless called in by the regular attending physician, or with his permission.

Article VII.—It is good confraternity to accept the consulting physician desired by the family, no matter what his age, his grade or his situation, providing his personal honor and regular professional standing are not in dispute.

Article VIII.—The consultation room is neutral ground, where the physician may give his advice to all those called in, whoever may be the attending physician.

Class-Room Notes.

[From College and Clinical Record.]

—Abdominal section, with drainage, cures not a few cases of *Tubercular Peritonitis.—Keen.*

—Hyoscine in the dose of $\frac{1}{100}$ of a grain is of much value in the treatment of *Nocturnal Emissions.—Hare.*

—The influence of wind instruments in the production of *Emphysema of the Lungs* has been overestimated.—*Coplin.*

—*Eclampsia* never occurs without several days or weeks of premonitory symptoms. It is, therefore, to be considered as a perfectly preventable disease.—*E. P. Davis.*

—In delayed union of bones, wiring is to be preferred to any other method of treatment in use at present. The wire may later be removed.—*Brinton.*

—In the chronic form of *Cystitis*, it is necessary to keep the phosphates in solution by rendering the urine acid. Boracic acid and benzoic acid, in doses of 10 to 15 grains, made into pill with a little glycerin, are of the greatest value.—*Hare.*

—The most generally useful remedy in *Bronchitis* is an ammonium mixture:

℞ Ammonii chloridi, ʒ ij
Ext. glycyrrhiz. fluid, ʒ ij
Aquae dest, f ʒ iij.
Sig — ʒj every four hours.

(*Hare.*)

—*Eclampsia* occurring before labor may often be benefited by hypodermic injections of morphine (gr. ⅓–½) and also of veratrum viride (6 to 20 drops of the tincture). The veratrum viride should keep the pulse about 60 per minute.—*Parvin.*

—The following is an excellent suppository for *Bleeding Hemorrhoids:*

℞ Ferri subsulph., gr. iij
Plumb. acet., gr. j.
Mass. hydrarg., gr. ss.
Ol. theobrom. q. s. ut ft. supos. j.
Introduce one morning and evening.

(*Horwitz.*)

—*Anemia* may hinder the return of the uterus to its normal size after labor. The following is useful in such cases:

℞ Tr. gentian. comp.,
Tr. cinchonæ comp.,
Tr. cardamom comp., āā f ʒiss M.
Sig.— ʒij before meals

(*Davis.*)

—When there is a *Scrofulous Tendency* in young children and there is "*Rickets*" *with Anemia*, Prof. Hare recommends the following:

℞ Syrup. ferri iodidi, gtt. iij vel xxiv
Aquæ dest., q. s. ad f ʒ iij. M.
Sig.— ʒj every four or five hours.

—In *Uremic Convulsion*, Professor Wilson recently achieved remarkable results by blood-letting. Venesection is much recommended, and is contraindicted only in the feeble. A vastly greater amount of poisonous material can be discharged in this way than by the slower elimination through the emunctories.

—*Styes* may sometimes be aborted by an inunction of the yellow oxide of mercury, or by the application of a saturated solution of boracic acid. Hot compresses relieve the pain. When styes appear at frequent intervals, the internal use of sulphuret of calcium is recommended.—*Hare.*

—In the external treatment of *Psoriasis*, chrysarobin may be used as a pigment in the following formula:

℞ Chrysarobini, ʒj
Acidi salicylici, gr. xx
Ætheris, ʒj
Ol. ricini, ♏x
Collodii, ʒvij. M.

(*Stelwagon.*)

—*Vomiting* due to excitability of the gastric mucous membrane, the stomach

Digitized by Google

immediately ejecting its food, may often be controlled by a local anesthetic or depressant, of which cocaine and aconite are the best. Great care should be exercised not to permit too great depression from either drug.

℞. Tinct. aconiti, gr. xxx
Bismuth. subnit., ʒiij.
Ft. chart. x.
Sig.—One powder every half hour.

(*Hare.*)

—Creosote is sometimes desirable as a remedy in *Tuberculosis*. It may be given in the following:

℞. Creosoti (beechwood) ʒj
Tr. gentian., ʒj
Alcoholis, ʒj
Vin. albi., q. s. ad ʒiv. M.
Sig.—ʒj in wine three times a day.

(*Hare.*)

—In treating *Intertrigo*, so common in fat infants in warm weather, keep the affected part clean and well dusted with boracic acid, or the following lotion may be used:

℞. Pulv. calaminæ,
Pulv. zinci oxidi, āā ʒj
Glycerini, ℥xxx
Alcoholis, ʒij
Aquae, Oss. M.

(*Stelwagon.*)

—Some tonic treatment is often indicated in obstinate cases of *Gastralgia*, even where the direct causes of each attack may be due to faults of hygiene. Prof. Hare recommends the following:

℞. Tinct. ferri chloridi, ʒj
Acid. hydrochlorici dil.,
Liquor. acidi arsenosi, āā ʒss. M.
Sig.—From 4 to 20 drops in water after meals, three times a day.

—The following is recommended by Professor Horwitz in the treatment of *Acute Cystitis*:

℞. Belladon. succi, gtt. xx
Sodii boratis, ʒ ij
Acid. benzoic., gr. xx
Tr. opii camph., ʒ iss
Ol. gaulther., gtt xij
Syr. simplicis, ʒ ij
Aq. dest., ʒ iv. M.
Sig.—ʒ ij in water four times a day.

—In the application of the Brandt method of bathing in *Enteric Fever*, Prof. Wilson bathes the patient every third hour, when the temperature is 101½°; in water at the temperature of the room, which should be 68° or 70°. He begins bathing as soon as the diagnosis is made, or, in uncertain cases, before it is definitely made; keeps the patient in the bath about fifteen minutes, gives alcohol while in the water, and encourages the patient to rub himself, to bring a change of water in contact with the skin, to stimulate the circulation, and to help pass the time.

—There is an impression among many students, and even with some practitioners, that a *Pessary* is introduced to reduce a displacement of the uterus. This is a serious mistake. A pessary is only to retain in place, by a pully-like action on the wall of the vagina, the replaced uterus. If a pessary be introduced while the uterus is retroverted, it tends to render the condition worse by converting it into a retroflexion—the fundus bending over the posterior bar of the pessary.—*Montgomery.*

—Since the introduction of *Eucaine Hydrochlorate* into the Out-patient Surgical Department of the Jefferson Hospital, cocaine has been placed on the shelf. At one time this department used cocaine quite extensively as the means of inducing local anesthesia; but alarming symptoms from its use in some of the cases caused its banishment, and not a drop of cocaine solution has been used in this department since last July. Prof. Brinton admires eucaine hydrochlorate because it is rapid in action, safe, produces positive and prolonged anesthesia, and causes no serious after-effects. He never misses a chance to use it in minor surgical operations before the class. In minor operations, such as the removal of a toenail or small tumors, the amputation of a finger or a toe, the extraction of a splinter, etc., he recommends the use of from one to two drachms of a five per cent. solution hypodermically, and insists on waiting five minutes after the injection is made for complete anesthesia. Last month, Dr. J. Chalmers Da Costa operated on a case of Albert's disease (bursitis of the retrocalcaneal bursa and periostitis at the insertion of the tendo-Achilles). The operation consisted of incision of the bursa, removal of osteophytes from the os calcis, curetting of the bursal sac, etc., and closure of the wound with four stitches. The operation was entirely painless and made a good impression on the class.

Digitized by Google

When indicated, the following will be found useful as a sedative in the *First Stage of Labor:*

R.	Hydrate of chloral, . .	dr. ijss
	Bromide of sodium,	
	Bromide of ammonium, aa	dr. ijss
	Syr. simp. . . .	oz. ss
	Aquæ dest., q. s. ad. . .	f oz. ij

Sig.—f dr. j every hour till three doses are taken.

—*Hare.*

A small quantity of the following lotion may be thoroughly rubbed into the scalp once or twice daily in the treatment of *Seborrhæa Capitis:*

R.	Resorcin, . . .	dr. j
	Ol. ricini, . . .	mxx
	Alcoholis, . . .	f oz. iv.

—*Stelwagon.*

On January 14, 1897, a patient was admitted to the Out-patient Surgical Department of the Jefferson Hospital with symptoms of a fracture of the approximal end of the first phalanx of the right hand. Five weeks previous to her admission she had rheumatism; the right hand and the right knee were affected. The pain in her knee was so severe she was compelled to remain in bed for one week. After this rest in bed she was practically well, and her attending physician discharged her cured. Three days before her admission, she said, on moving the finger it felt as though the bone was broken. This patient gave no history of a traumatism, but the line of the fracture could be easily seen by the *X-ray apparatus* at the Jefferson.

The latest news is that Fred. Rutland, who was "out on bail," did not appear when his trial was called in Chicago last week, and his bond was declared forfeited. He had left for parts unknown.

We get letters worded in all sorts of ways. The following is original as well as agreeable:

LOWELL, MASS., May 4, 1897.

DR. C F. TAYLOR:—*Dear Doctor:* Inclosed please find one dollar, the one-hundredth part of what THE WORLD is worth, for the next year; the balance to be paid by monthly appreciation of your so successful efforts.

Sincerely yours,

494 Merrimack st J. E. LAMOUREUX, M.D.

For chronic inflamation of kidney and urinary tract: Sander & Sons' "Eucalyptol." 5 to 15 drops in hot milk or brandy and milk, 3 times a day.

Our Monthly Talk.

Editor MEDICAL WORLD:—That there are two sides to every question is an axiom with few exceptions. We are very prone to adopt one side to the utter exclusion of the other, and thus shut ourselves out from a proper appreciation of the truth. I have been reading your "Monthly Talks" with interest from the beginning, and, as they have been in the main opposed to my point of view, I think it only right that something should be said on the other side; not in a spirit of prejudice or antagonism, but simply that more light shall be thrown into the "bottom of the well."

You say that money is a "legal creation." Did any power or nationality ever "create" money, without a backing of gold or silver, that did not ultimately come to grief thereby? If money should not be a commodity like gold or silver, what should it be? A mere article of faith? Would a man be willing to part with his land and his goods for a pocket full of paper based on nothing? Would not the poor man who has no property, no means of making a living, except by the proceeds of his own labor, be the sufferer when paid in the aforesaid "legal creation?" Would the hire of the laborer, the remuneration of the struggling doctor, increase in proportion to the cost of living if money was cheapened by getting its value for "what it represents, not what it is printed on?" By the way, what does it represent if it is printed on paper without a commodity or commodities to back it?

In summing up the dress expenses of Mrs. O. H. P. Belmont, in April WORLD, you would seem to imply that the sum—$25,749—was wasted or destroyed. Was it burned? Was it thrown into the sea? Did not every one of these $25,749 go to people poorer than Mrs. Belmont, and through them to people poorer still? If the rich did not spend their money, what would become of the poor? Do not the capitalists give employment to thousands upon thousands of the poor?

Now, Mr. Editor, I am not a capitalist; I am a poor country doctor dependent upon my practice for a living, in a country where a doctor's collections depend on the price of cotton; a country almost ruined a few years ago by the oppressions and impositions of the party now in power in national politics, and later by a semi-populistic band of demagogues and self seekers. But I fail to see where cheap money would help me or the people about me. We might pay our back debts at the first flush, but the increased cost of living and the difficulty of obtaining fresh credit would leave us in a worse plight than before.

If you see fit, Mr. Editor, please answer these queries in the spirit in which they were written—a seeking after truth.

Ramsey, S. C. R. B. FURMAN.

Upon receiving the above letter I immediately wrote thanking the Doctor for his frank-

Digitized by Google

ness and the excellent spirit of his letter. We always want to hear from the opposition—those who are honestly and sincerely opposed to the views expressed in our Monthly Talks. It is only by sincere frankness that we can get at the truth and the whole truth. This is what we all want.

I sent some literature to the Doctor, including "Merrie England," for the excellent quotations from Ruskin and Carlisle concerning the rich and the poor which that book contains. Also "Ten Men of Money Island," that remarkable little book by Colonel S. F. Norton.

Let us agree that we are all mutually interested in the welfare of the masses of the people of this country; that it would be better if all the people in this country were the masses, and there were no classes at all. Then our inquiries must be, what influences have produced the classes? What influences are now opposing the masses? What can be done to avoid giving any further advantages to the classes and restore justice to the masses? I will assume that all, including Dr. Furman, will agree in the above.

Now as to money. The Bank of Venice was conducted for over 400 years as follows: Gold and silver—"the money of barbarism"—was needed to fight the semi-barbaric wars of the East. The citizens of Venice were invited to deposit their gold and silver in the Bank of Venice and receive therefor credits on the books of that institution. These credits were transferable from one to another, just like our paper money is, excepting not so convenient. That is the reason that I said in April WORLD that money is a portable system of accounts—a convenient system of bookkeeping. The gold and silver had gone and been used up in the Eastern wars, but the credits remained in the Bank of Venice and were transferred from one citizen to another, in the ordinary transactions of trade year after year, decade after decade, generation after generation and century after century without a panic. These credits were never below par with coin, and most of the time they were above par, reaching as high as 20 per cent. above par. The bank never failed; never closed its doors. No coin was ever transferred, for the coin was all gone. A branch was maintained for a time in which all the transactions were with coin. This branch failed a time or two and had to be aided by the parent bank. This wonderful Bank of Venice was for centuries the most shining example of prosperity and stability in the world. When Napoleon became ascendent he was dazzled by the universally acknowledged prosperity of the Bank of Venice and marked it for capture. Bent upon spoils, his hosts flocked into Venice, and when the bank was captured, what was discovered? No spoils! Neither gold nor silver was to be found. The despoiler got nothing for his trouble, for he knew nothing about the magnificent principles of finance that had been for centuries the basis of the prosperity of Venice; he only knew gold and silver. Finding none there he turned his attention elsewhere. True, Venice was ruined, but Napoleon was not enriched. Money that is a legal creation is as good as the power creating it. As long as Venice stood, the credits of its bank were valuable. When Venice fell those credits lost their value. If it had been gold and silver instead of credits it would also have been lost, for the captor would have left nothing behind.

If you will order from the Arena Co., of Boston, Mass., the series of articles upon the Bank of Venice, by ex-Congressman John Davis, you will learn all about the most successful and wonderful financial institution that the world has ever seen—the Bank of Venice. We are now crudely struggling along with gold and silver, and we have a panic every ten years or less. The rest of the world is doing the same thing.

Many other instances from history might be given of the success of money not gold or silver, but I cannot take space to give them here. I will say this, however: That every issue of paper money that the world has ever seen has been a benefit to humanity, and every failure has been from either dishonesty, bad management or failure of the government issuing the same—causes not inherent in the system itself. There is no book published covering this question adequately, but I happen to know that a book is in contemplation which shall review every issue of paper money in history, giving the measure of its success and reasons for final failure in those cases that may be said to have failed. The failures on a metallic basis are too numerous to mention.

Change in the value of money, either to cheaper or dearer, causes disturbances. In the early part of the war, upon the issue of greenbacks, money became cheaper, but everybody was prosperous. True, the cost of living gradually advanced, but every workman was busy at good wages, and merchants and manufacturers prospered; so there was no reason for complaint. This increased activity may be called a "disturbance," but that is the kind of disturbance we all like. Even the capitalist, whose notes, mortgages, bonds, etc., were payable in a money not quite so valuable as when the obligations were made, did not complain, for there was greater demand for his capital, at rapidly increasing rates. He also was benefited by the universal prosperity. But let us take it the other way—the road we have been traveling for a number of years—money getting dearer, everything else becoming cheaper; men out of work; property unsalable; prices of produce demoralized. True, the workman can get more for his dollar, but that "more" is taken from the farmer or the manufacturer, and his dollar is much more difficult to get. The immense waste in enforced idleness is horrible to contemplate. The number of workmen constantly unemployed in this country during the past several years has averaged

Digitized by Google

from three to four millions. Counting their earnings at only $1 per day each, we have a waste of between $3,000,000 and $4,000,000 per day; say about twenty millions of dollars per week; over a billion dollars per year. Is it any wonder that we have poverty and want in the land? Over a billion of dollars of value per year gone never to return! How long shall we pursue such a suicidal policy? How long can we stand it! The victims of this policy are many every day. The suicides have doubled and quadrupled in this country in the past few years, and now number over ten thousand annually. This means a much greater number of broken hearts, extinguished hopes, abandoned virtue, miserable homes, etc.

The cry, "We must not debase our money; we must maintain our national honor," etc., has deceived many. The fact is, the enhancing value of our money has debased our products of all kinds, our property of all kinds, our industries of all kinds, and our people. The demagogue will tell you you do not want cheap money. But how do you like cheap cotton? I say, we want neither cheap money nor cheap cotton; we want both of them normal. We want money that will remain normal in value from year to year. Then debased products and property will be an impossibility. That is stability, and on such a basis we can build a permanent prosperity. Gold as a measure of value is not stable. What would you think of a half bushel that would vary in its measurements as the gold dollar has varied in its value? Or, what would you think of a pound weight that would now require double the amount of cotton required a few years ago to register a pound? This is what the gold dollar does. Yet, many otherwise intelligent men believe demagogues when they say that the gold dollar is an honest dollar; that any other kind of a dollar would be dishonest and debasing. Gold demagogues seem to be very anxious about the laborer—that he shall have an "honest" dollar, and not one that will "shrink and shrivel" in his hands. But when were the laborers worse off than at present? What good is a dollar of excessive value to a laborer if he cannot get the dollar—if he cannot get a chance to earn a living? The producer buys dollars with his products. When those dollars are dear he has but little left after paying taxes, interest, rent, and other fixed charges which are always the same—he has but very little left with which to purchase necessities for his family and pay the doctor. When prices are good it is very different.

Now, money should not be a commodity, as gold and silver; for then it singles out this one, or these two, commodities, and gives them special privileges. But money should be a certificate of value, issued only by the government, and based upon all the wealth of all kinds under the domain of the government issuing the same.

We have nearly a billion of dollars of national bonds out, and only about a hundred and fifty million dollars of gold in the Treasury. But those bonds are above par, for it is understood that the government is behind them. So it would be with paper money issued in reasonable amount. Promise to pay in gold or silver is not necessary. Promise to receive in the payment of customs, taxes, and for postage stamps, etc., would be as good a basis as any patriotic citizen of this country would want for the dollars he might happen to have in his pocket. The nation that can float a bond can float paper money redeemable by being received for customs, revenues, etc.

Concerning Mrs. Belmont, it is not her spending money that I complain of, but how did she get, or her husband get for her, over $25,000 to spend upon her wardrobe in a single year? It is the getting that is the trouble. As things now go, and as a few people do get rich, the best thing they can do with their wealth is to spend it. But how about the getting? What I said in the April WORLD was to lead the average country doctor, like yourself, Dr. Furman, to compare his wife with Mrs. Belmont. Why should Mrs. Belmont have so much, and the wife of the average country doctor have so little? Think of this fact for a moment; all the kinds of currency in this country added together make about fifteen hundred millions of dollars; yet the total of bank deposits in this country is over four billions of dollars. How is this? The secret of it is the fictitious currency called bank credit. A deposits $5,000 in a bank and B borrows $5,000 from the same bank and pays it to C, who deposits it in the same bank; D borrows the $5,000 from the bank and pays it to E, who deposits it in the bank, and so on. The bank is collecting interest from B, D, etc., for this $5,000, and yet they do not own the money at all, for it belongs to the depositors. So in this way the banks of this country collect interest on nearly three times the total amount of money in circulation. Is this right? Does it not build up a specially privileged class? Should not the government be the bank and reduce interest charges to the minimum, giving active business enterprise all the advantage possible, and all the people the advantage of interest paid by the people? This would cut off a specially privileged class and build up business immensely. If something like this were done, Mrs. Belmont—a banker's wife—would not have so much to spend upon her wardrobe, and country doctors' wives would have more. If we had no specially privileged classes we would have few extremely wealthy and few extremely poor. If we had equal opportunities for all men, with special privileges to none, there would be no ground for the bitter complaints that are arising all over the country.

You say, "If the rich did not spend their money, what would become of the poor?" This is awfully funny. If the poor did not produce wealth, what would become of the rich?

Let us have more questions like those con-

Digitized by Google

tained in Dr. Furman's letter. Let us have free and frank—face to face—discussions of these questions; they are great questions, important questions, pressing questions. We can discuss them from month to month for years with mutual profit. In this country, where all have an equal say in the government, each should endeavor to become an expert in the science of government. But when you speak of cheap money, and the imaginary, direful consequences thereof, think also of dear money and the dreadful consequences of the same that we are now enduring. And always remember, that while we have dear money now, and don't like it, we don't want cheap money either; but we do want normal money. Normal money would be cheaper than the gold standard money that we now have. We wish to restore the normal standard and maintain it.

While I write, the following is received:

DR. C. F. TAYLOR: DEAR DOCTOR:—I am with you on all your reform ideas; but don't you think that if the Government should own and operate the express, telegraph and railroads, that it would give the party in power continued power? And would it not give that party great room for the practice of fraud and corruption? I wish you would answer this.

I enclose three cents for which please send me a set of reprints of your articles, as I want to make arrangements to have them published right away. *Continue the Monthly Talks.*

Blue Ridge, Texas. O. L. WOODALL, M.D.

A GREAT many honest and earnest citizens entertain the fear expressed above, and for this reason hesitate to take a stand for these measures. But this fear is not well founded. It can easily be shown that the railroads, express and telegraph companies, etc., are now much more deeply and perniciously in politics than if they were owned and operated by the government. But this subject will require quite a long talk, and I have now talked much longer than I intended this month. With one more word I must stop; and that word is this: Have you chosen your Fourth of July orator for this year yet? If so, be sure to have him tell the people that the telegraph is owned and operated by the government as a part of the postal system in every civilized country on the globe *except* Bolivia, Cyprus, Honduras, Cuba, Hawaii and the United States! In national progress this is the kind of company we are keeping. Is it satisfactory to you? We should think about these things on the 4th of July. With such facts before us, the eagle doesn't look so proud and handsome. We go carelessly along attending to private business, and leave important public affairs to politicians and corporations. As a consequence, we have an expensive, limited, poorly-paid telegraph system, conducted for private profit, instead of a National telegraph service, reaching every post-office, operators well paid, with a universal ten-cent rate, conducted for the public service and not for private profit. There is one day in the year particularly when we should be ashamed of this, and that day is the 4th of July.

If you can get another useful fact into your orator's head, tell him that government savings banks for the people are established and in successful operation in twenty-five of the leading countries of the world, but our "glorious" country is not one of them. We issue bonds for the rich people to put their money into for safety and interest, but we do not supply postal savings banks for the poor people to put their savings in for safety. If you want to be proud of your country on the 4th of July, make it better. Don't let it lag at the "tail end." I am an ardent American—so ardent that I want the exact truth known, so we can make our country what it should be—the most progressive on the globe.

DR. WOODALL'S questions will be answered next month; also there is other interesting matter at hand that we must keep for next month, as we cannot take too much space in any one issue. Doctors should think about these questions, study them and talk about them until we once more have a government for the masses instead of for the classes.

C. F. T.

☞ *Cut "Our Monthly Talk" out every month and have it published in your local paper.*

☞ *In deference to the wishes of many subscribers, I have had some of my articles on industrial and economic questions reprinted and will send them free to physicians on receipt of three cents per set. It is understood that every one receiving these will pass them around among his patrons, and make efforts to have them published in the local paper. This last is specially important.* C. F. T.

"I am greatly interested in economical questions, and renew my subscription more for 'Our Monthly Talk,' than for anything else."

Raleigh, N. C. R. B. ELLIS.

Wit and Wisdom.

IT IS the free phosphorus in Freleigh's Tonic that makes it better than any other tonic, and your corner druggist doesn't know how to make anything approaching it. Get the genuine. Prescribe an "original bottle," and see that your patient gets it.

SEE C. N. Crittendon's preparations on next to last page. He is a man that does good with his money. Have you heard of the many rescue homes that he has established in the cities?

PEROXIDE of hydrogen is good, but hydrozone is better. It is double the strength of the former and lasts longer. Use *it.*

GUDE'S pepto mangan is *good.* It makes blood rapidly. Try it on that stubborn case of anemia or chlorosis.

HAVE you tried "teutonic?" A malt tonic.

Digitized by Google

WHAT'S good for a headache or a pain? Antikamnia.

GRIFFITH'S preparation for rheumatism, gout and neuralgia. If you have used it once you will use it again.

Bovinine for blood—the kind of healthy, vigor-giving blood that brings back the elastic step and cheerful face.

To make a permanent record of the exact appearance, use a kodak. Adv. in this issue.

IN hot weather take Hire's root beer—the cup that cools but does not inebriate. Good for all ages, from childhood to old age.

FOR piles, pruritus ani, etc., have you used Stewart's ointment? It has been before you in these pages for years, and those that have tried it continue to use it.

FELLOW'S hypophosphites to build up on.

HAVE you bought any instruments from Geo. C. Frye? See his column, and send for his bulletin.

MICAJAH'S wafers; have you tried them?

THE fogy says: "I use ergot not at all." The up to-date says: "I use ergotole" He sees the difference; do you? See adv. and write for more information.

PHILLIPS for instruments.

SEE Keith's interesting half page.

WE are placing Flavell's page in a handy place for you again, first right hand page over from title page—page iii. It will take you only a moment to look at it, then you will look at it every month, or whenever you need any kind of support for a patient.

A PROMINENT Vermont physician writing to thank The Imperial Granum Company for copies of their famous Clinical record, adds the following convincing words as to the merits of their product as a food for children:—"I can show a baby that has been reared on—IMPERIAL GRANUM—after trying numerous other foods until he was reduced to a mere skeleton—that is now as tough and strong a boy of fourteen months as can be found anywhere."

SEE advertisement of Ewell Truss. Their offer is fair. See it.

DR. J. R. ANDRE of Baltimore, Md., writes Feb. 25, 1897.

"I am using Neurosine in my practice, and find it the most efficient remedy in Nervous Diseases and the very best hypnotic, without the detrimental after effects from the use of opium, morphine or chloral."

FOR interesting new remedies, see page v. See "gout water."

WM. GEDDES, M. D., 1720 14th St., Washington, D. C., says: Aletris Cordial has proven, in a case of dysmenorrhea of some years' standing, wonderfully efficacious, and has, apparently, given to the sufferer complete relief. This being the first case in which I have had occasion to try the Aletris Cordial, and sufficient time having elapsed for me to speak of the permanence of the cure, I can say that I propose to continue the use of Aletris Cordial in all such cases, and wherever a uterine tonic is indicated.

FOR that troublesome gynecological case, try Quercynol. See ad. of Auro Pharmacal Co.

CASCARETS—candy cathartic—an elegant preparation of cascara, senna, etc., but pleasant to the taste, hence easy of administration. The benefit of oil is often counteracted by the struggle to get it down the child's throat. Such struggles should be avoided. Cascarets.

TONGALINE.

"This product of pharmacy has developed, therapeutically, into lines of pathology which have not been suggested in the original manifesto as given out by its authors. We have received reports of its satisfactory employment in two very important cases—one of chronic catarrh, by insufflation, and another in the excitement of nerve function in paresis. The latter case was very striking, seeming to respond promptly to the internal administration of the remedy. We look for great results from this preparation in the near future."—*St. Louis Clinique, March, 1897.*

I TAKE pleasure in stating that I have found Unguentum Resinol almost a specific for pruritus ani, itching piles and marginal eczema.—*Henry Hug, M.D., Detroit, Mich.*

A LETTER received from Dr. A. C. Robinson, 3402 Pine street, St. Louis, Mo., December 10, 1896, says: "It is with much pleasure I beg leave to add my testimony to the satisfactory uses I have made of Campho-Phenique Powder, and the excellent results obtained. I much prefer it to similar preparations found on the market."

DID you ever try *dissolving* the different makes of pills, to test their solubility? Messrs. Wm. R. Warner & Co., in their adv., illustrate how this can be done. If you have no wire netting, take a piece of mosquito netting and use as in the illustration. But this netting is not absolutely necessary. Take a sample of Warner's pills and of other makes, drop each in a glass of water, labeling each glass, then look at them the next day. They say that some don't dissolve at all. You will find that Warner's are *soluble*. Try it.

EVERY time you look at table of contents, you must see Mercer's adv. opposite. Have you tried the pills?

L, STANDS for Lambert, and Listerine too;
Up-to-date doctors use it; how about you?

HAVE you begun the use of Coroid instead

(*Continued over next leaf.*)

Digitized by Google

The Medical World

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World.

C. F. TAYLOR, M.D.,
Editor and Publisher.

Subscription to any part of the United States and Canada, ONE DOLLAR per year. To England and the British Colonies, FIVE SHILLINGS per year. Postage free. Single copies, TEN CENTS. These rates must be paid *invariably in advance.*

We cannot always supply back numbers. Should a number fail to reach a subscriber, we will supply another, if notified before the end of the month.

Pay no money to agents for this journal unless publisher's receipt is given.

ADDRESS ALL COMMUNICATIONS TO

"THE MEDICAL WORLD,"
1520 Chestnut Street,
PHILADELPHIA, PA.

VOL. XV. JULY, 1897. No. 7.

We are unusually favored in the way of contributions from our journalistic brethren this month. Dr. I. N. Love, the genial editor of "The Medical Mirror," gives a straightforward talk, containing much condensed wisdom. Not to know Dr. Love personally is a misfortune to any medical man. To know him is to love him, to be inspired by him, and to wish there were many more like him. Then we have with us this month Dr. W. C. Cooper, whose poetry can make us either laugh or cry. I have met Dr. Cooper only once, but that once was an occasion in my life. I went farther to see him than I have ever gone to see any one man. You can partially know him through his book (see review in this issue). I do not know if his writings will appeal to you as they do to me, but if they do, you would not part with the book for even an extravagant price if you could not get another copy. The editor of "The Hypnotic Magazine" I do not know so well personally, but you can judge of him by his article in this issue. And Dr. Waugh is now an editor again—an associate editor of "The Alkaloidal Clinic" with Dr. Abbott. So if his article does not arrive too late for this issue, we will have four brilliant editors with us this month. They are very kind to us, aren't they?

Study Up Your Cases.

Some of our correspondents ask questions before making an effort to find the correct answer by their own efforts. If a perplexity confronts them, they hasten to "ask the brethren;" if an unusual occurrence happens in their practice they speedily report it, and ask questions. All this time solutions to their perplexities exist in their libraries (little used, we fear), and a little industry and application (even if it required the midnight oil) might enable them to report information to the profession worth reading. Anybody can ask questions; but he who asks should first know what exists in the established literature of his profession before he permits himself to ask further. Don't ask others to read up your cases for you. Do it yourself, and then you may have something worth

Digitized by Google

saying about them. The chief difference in men is in application. Many a man of mediocre gifts has become distinguished by application; and many a man superbly gifted by nature has lived a mediocre life because he preferred vain show or indolence to laborious application. And a city location is not necessary for hard work and the attainment of distinction.

If an anomaly occurs in your practice, report it; but let your report give evidence that you know what is said in the established medical literature about similar cases.

In reply to many applications for aid by private letter, we frequently have occasion to suggest, as gently as possible, that the inquirer study more, suggesting lines of research. Small men get mad and send an indignant reply; large men are grateful, and follow the suggestions given with gratifying results. Little, narrow men of diminutive caliber dislike any imputation that they are not perfect; they are the kind that speak of "a finished education." Large, broad, deep and liberal men are glad of any help from any source, being constantly conscious of the need of help. They are the men who know the literature of their profession, who buy the latest books, and never report a case nor ask a question until they know the established literature of the subject. There are as many of this kind of men in the country and in small towns as in cities. They know that no education ever was or ever can be "finished."

Don't complain that you have no facilities. Our greatest men began with no facilities. Don't complain that you are too busy, and have no time to patiently and carefully post up on a case that you wish to report and ask further light upon. Our busiest men do the most reading and writing. Our books are not written by idle men; and they read much more than they write—and at the same time they do much more practice than you do, besides giving much time to teaching, hospital work, etc.

Improved Spelling.

This was one of the first, if not the first publication to discontinue the use of diphthongs, except when necessary in prescriptions, when given in the Latin language. But I have recently noticed that in Messrs. Funk and Wagnalls' publications (the "Literary Digest" for example), the New York Independent, and possibly some other leading periodicals, such words as though, although, thorough, etc., are spelled in the new and simplified manner, leaving off the unnecessary ugh; as tho, altho, thoro, etc. We must not get behind in the procession, so hereafter in these pages we will adopt the new and more rational spelling. We long ago adopted the new spelling of program, catalog, etc., (instead of programme, catalogue, etc.,) without formally announcing it. Did you ever read the article upon the growth of language in the front part of Webster's unabridged, and see how difficult it is to read the English of one or two centuries ago? Language is a growth; let us help it to grow in the direction of rational simplicity—the English language needs it badly enough.

An editor, in going over manuscripts from all parts of the country, notices many peculiar things. One that we have long noticed is that almost every writer begins bismuth with a capital B, wherever it may occur in a sentence. When it begins a sentence, or when it is the beginning of a line in a prescription, it is all right to capitalize it. But the universality of this word being capitalized wherever it occurs is a thing we cannot understand. It is not a proper noun any more than chalk or opium; yet nine writers out of ten, in writing a list of remedies, will capitalize bismuth and not capitalize any of the others. The same is true to almost the same extent of cholera infantum. At least four writers out of five will write a sentence containing the name of this disease correctly excepting that infantum will begin with a capital I. Isn't it strange? Can anyone give an explanation? If

these were peculiarities of any one, or only an occasional, writer, it would not be strange. But why so many should write correctly in other respects except in these two particulars, is strange.

There are numerous individual peculiarities; for example, Dr. W. C. Cooper always underlines the letter u wherever it occurs, as though this individual letter should *always* be italicised.

Drainage and Antisepsis in "Summer Complaint."

The testimony on the treatment of summer diseases contained in this issue must certainly be valuable to the inquiring practician. While some of the testimony is varied, coming from various schools of practice, much of it is corroborative of what seems to be the usual practice in vogue. The administration of small doses of calomel seems to be almost universal. Calomel is a valuable drug when rightly used, but, like a sharp knife, is dangerous unless properly used. Much harm was formerly done with it. It seems to change the character of the alvine evacuations, rendering them more normal. I can do this in two ways: By increasing the flow of bile, which is the natural intestinal antiseptic; and the calomel, when it is chemically changed so it can go into solution with the intestinal juices, is itself a powerful antiseptic. The keynote to the treatment of the intestinal diseases of children occurring in summer is *drainage and antisepsis.* Calomel does both. While the most of us think that calomel is the best means to fulfill these indications, we must not assume that it is the *only* means.

Our eclectic and homeopathic friends are welcome to the discussion, as they are to every discussion in these pages. By the way, recently I met socially a homeopathic physician, a charming gentleman, whom I knew to be connected with the Hahnemann Hospital here. We did not talk "shop" (medicine). At the close of the evening he handed me his card. It was as plain, simple and dignified as any professional card I ever saw. There was no suggestion of homeopathy, or any other "pathy" or "ism" on the card. This is all we have ever contended for. Sectarianism in medicine is disappearing, and should disappear.

Original Communications.

Short articles on the treatment of diseases, and experience with new remedies, are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only.* The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month for publication in the next month. Unused manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

READ. REFLECT. COMPARE. RECORD.

"The Big Four" Route to Health.

Editor MEDICAL WORLD:—We, as physicians, should strive with each year's experience to accomplish our ends in the easiest possible manner. We should endeavor to teach our patients how to keep well, and how to avoid sickness. If, however, sickness comes, we should impress upon them the fact that it is due to the breaking of nature's laws, and we should put them in the way to correct the error in the most natural manner possible. I have for long taught my medical classes—having arrived at conclusions which justified the teaching referred to, based upon experience extending over many years of hard work in hospital and private practice—and have evolved what I have termed "the big four" route to health; the first branch of which is, *Elimination*; the second *Disinfection*; the third *Tranquilization*, and the fourth *Nutrition*, which includes judicious stimulation. Regarding the first branch, Elimination, let us remember that the alimentary tract is, as the name would indicate, a food tract; and we should not permit the accumulation of debris, unused materials, fermenting secretions, all of which result in self-poisoning and an aggravation of whatever diseased condition may be present. In other words, in the initiatory stage of every disease, whether an infectious disease, such as scarlet fever, diptheria or typhoid fever, we should take the first step in the process of elimination by free and generous purging, and thereafter maintain a relaxed condition of the bowels and an open state of the rest of

the animated system of sewerage, including the skin and kidneys. To this end free bathing and the free drinking of water is of the greatest benefit. The simplest measures are best for the securement of this complete elimination referred to. Small doses of the mild chloride, washed down by free quantities of hot water, serve to stimulate all the excretions, and, besides, the mild chloride acts as a mild disinfectant; which brings us to the second stage of our subject—Disinfection.

Recognizing the germ element, not only in diphtheria, typhoid fever, pneumonia, etc., but in many others in which the germ has not been distinctly classified, as in scarlet fever, we must keep in mind constantly the necessity of disinfection. Not only the disinfection of the alimentary canal, but, as in diptheria and scarlet fever, we must use a local disinfection upon the throat and mouth and the surface of the skin. And I believe the bichloride of mercury, one part to 1,500 or 2,000, is quite potent; of the peroxide of hydrogen, in the form of hydrozone, is not only potent but cleansing, and in every way desirable.

The third branch of our subject—tranquilization—includes the proper reduction of temperature and the securement of rest, and no better agent can be found for this purpose than pure water in liberal quantities, either warm or cold, as the condition demands. Let it be remembered that the hot bath is often a much better promoter of sleep than a drug. But to aid in the securement of sleep we must impress upon the attendants of our patients the importance of saving them from their friends and their burdensome visitations.

The fourth and last in the "big four" series—Nutrition—should in our vocabulary always be spelled with a large N. But let us remember that in the acute stage of all disease, judicious starvation is the best form of nutrition. After the first few days of the acute stage has passed, then food that is easily digested and readily assimilated should be selected and given in a manner to please not only the palate, but the eye and the nose as well, of our patient. Good food thrown at a patient in an unpleasant way, without artistic surroundings, will often do more harm than good. For ready assimilation let it be remembered that milk—good and pure—is our sheet anchor. In some cases it is well for us to bear in mind the advantage of predigesting it. Under the head of Nutrition naturally comes stimulation. For the proper stimulants at the proper time not only serves as a crutch for waning powers, but also forms a very important part of the food, under the head of hydro-carbons. But let us not stimulate too soon; let us not cross a bridge till we get to it. There are more patients harmed by the excessive use of the various forms of alcohol at improper times and under improper conditions than any other drug in the materia medica. The point to insist upon is, that we can, with proper thought, supply every one of the above indications, in a majority of instances, by calling into play the various domestic remedies usually within our reach.

St. Louis, Mo. I. N. LOVE,
[Editor of *The Medical Mirror.*]

For Chronic Diarrhea.

Editor MEDICAL WORLD:—I noticed in April issue of THE WORLD that Dr. K. Taylor inquires for a treatment of chronic diarrhea. Let me ask him and any readers of THE WORLD to try "chaparro amorgosa" in such cases. It is considered almost a specific by physicians of Mexico, as well as some in the South. My experience is greatly in favor of the remedy. All cases of short duration were relieved immediately; one of seven years' standing yielded readily, and one case of eighteen years was materially benefited, but it was discontinued, the patient not being able to purchase the medicine.

Wallis, Texas. DR. M. C. BELL.

[We wrote to Messrs. Parke, Davis & Co. for their literature on this plant and found it very interesting. It seems to have effected some remarkable cures. Those interested would better do as we did—send to Messrs. P., D. & Co., for the literature and read it up, then try it if you have occasion.—Ed.]

August WORLD will consist largely of a continuation of summer diseases, hay fever, etc.—timely topics. New subscribers may have WORLD for the remainder of 1897, on trial, for 25c.

Digitized by Google

Hypnotism as a Cure for Shortness of Breath.

Editor MEDICAL WORLD:—It was my good fortune a few weeks ago while in Canton, Ohio, to come across a very interesting patient, whose case may have some attraction for WORLD readers. The patient is a hardworking woman of about fifty years of age, who had suffered a stroke of paralysis two years before I saw her. The stroke confined her to bed for some months, after which she was enabled to sit in a chair, and work at a sewing machine with one hand (the right) and one foot. The left side was anesthetic, and the left arm useless. An idea of this woman's struggles to earn her bread may be gathered from the fact that while in this semi-paralyzed state she kept a roof over her head by sewing aprons at a cent and a half piece. From this condition she was rescued by a traveling hypnotist, who found her to be a good somnambulist, and who was successful in restoring the use of her left arm, and getting her upon her feet. It sounds like a fairy tale, of course, to those physicians who do not know that paralysis often resolves into a psychical condition of apparent inability to move, and which, having no physiological reason for its persistence, yields to mental treatment.

When I met her in Canton she was enjoying excellent health, except a difficulty she experienced in getting out of her chair, occasional pains in the lumbar region of the spine, and inability to climb stairs without resting frequently. While undergoing this exertion, she complained that her breathing was much affected, and her chest pained her.

I have said already that this woman was a good somnambulist, by which I mean that she would go to sleep almost instantly at the command of the operator, and while in that condition would answer questions, get up and walk about, and carry out suggestions which were given her to be executed after the sleep, and when she was in her waking condition. After waking, the memory of what she had done and said remained with her as a dream, which she could recall with some effort.

The pain in the lumbar region was removed in the following manner. She was put to sleep, and I repeated and reiterated with variations the following sentences for, perhaps, a minute and a half: "You are sound asleep. You hear me speaking to you. The pain in your spine has gone. It will not return. You cannot feel it. It has left you entirely, and will not return. When you wake you will get out of your chair without difficulty. You will not hesitate. You will get up quickly, without any stiffness of the joints. That condition will not come back to you. You will have no more pain in the back, and no more stiffness, etc."

The following suggestions so far cured her inability to climb stairs that she wrote me from Canton lately saying that her friends were greatly amazed at the change which had come over her, knowing her previous weakness; that she climbed two flights to her room without stopping to rest at the landing, and that she felt "half her age." This, of course, may be an unconscious exaggeration on her part, but there is no doubt that she is perfectly truthful, and her reputation for honesty is a by-word in the town. Everyone appears to speak well of "Aunt Mary," as they call her, and her struggles with poverty have increased the general respect in which she is held.

The suggestions were as under:—

"You have complained a great deal lately of being unable to climb stairs. There is no reason why you should find any difficulty here. Your lungs are sound, your heart is not diseased. The pain in your chest is called up by your imagination. It is a real pain to you, but it does not really exist. There is no reason for it. After this treatment you will find that you can climb a flight of stairs without stopping to rest, and without feeling out-of-breath, and without getting that pain in the chest. You will never have it again. You will breathe quietly and deeply when you begin to climb stairs, and when you get to the top you will simply feel that your breathing is a little quicker than when you began. You will not stop to rest. You will not need to. You will feel strong enough to go up another flight, if necessary. In short, you will never again *think* there is any difficulty for you in

Digitized by Google

the matter. And these results will be permanent, and will become more marked every day, so that you will be able to endure all kinds of fatigue without annoyance. You will feel twenty years younger. Remember, your old dread of stairs is completely put away. You no longer fear to take exercise."

This case is presented to readers of THE MEDICAL WORLD not as an extraordinary one by any means, but in order to show the method of giving suggestions *in detail.* Many works have been written on hypnotism, some good, some bad; but few have shown exactly the process of giving suggestions. Hypnotism is a very simple thing, and it is something which the medical profession (meeting, as it constantly does, with many diseases of the sympathetic nervous system which derive no benefit from material remedies) must have knowledge of.

SYDNEY FLOWER,
Editor of "The Hypnotic Magazine."
Chicago, Ill.

Summer Diseases.

Editor MEDICAL WORLD:—The stomach is the point of departure in at least four-fifths of all summer diseases. To be nice about it, I will say that the stomach is the *intra-systemic* starting-point of diseases peculiar to hot weather, it being a fundamental fact that the primary cause of all diseases is always something external to the body. These beautiful temporal tenements of ours are, in their internal structures, relations and adjustments, perfect and self-sufficient. Excepting hereditary faults and accidents, the entire category of disease-causes is (theoretically) subject to control. They are not yet practically so. It is the high and sacred mission of medicine to bring the theoretic and practical along this line into scientific identity.

It follows that the prime requisite to clinical success is a thorough knowledge of hygiene. The best hygienist is the best doctor. It is true that because he is not ubiquitous he cannot always prevent sickness; but as soon as the patient comes under his control he can place him in a correct relation to the laws of life, and this is to *three-fourths* cure him, if the case is curable. Is this a humiliating confession? Not unless physiological optimism is a divine mistake, and it is belittling in man to abet it. I do not want to rob medicine of one scintilla of glory, but after all, my brother, is it not an implacable fact that each recovery is simply a triumph of natural resource, medicine figuring in the case as a rare helpful accident? Pitifully enough, it is a rigorous truth that nine-tenths of all recoveries are vital proclamations of victories over the allied forces—disease and drugs. Wherefore, we cannot be too conservative therapeutically.

Next to hygienic efficiency, ranks a nearly inhibitive caution with reference to heroic dosing. Better give a thousand times too little of an actually indicated drug than to give a thousanth part too much of it. Better a thousand times, give no medicine, than to give even the smallest quantity of the wrong drug. This immediate fact, it must be admitted, exists in conflict with the remoter one which includes drug development and therapeutic progress, but let the casuists discuss this phase of the question. I should say: It is better to slight the doubtful future than to cut the positive present. A counter position, which is sane, even if it is doubtfully humane, depends upon the possible accident of striking a remedy in critical cases which will make all the favorable difference to the patient that there is between life and death. But does not this amount to the same as swapping a probability for a possibility?

Summer-complaint is the pathological monopolist of the heated term. I believe it is susceptible to helpful drug treatment. This belief is the conscientious outcome of a long series of careful differentiations with reference to cure and coincidence. There are a few therapeutic semi-certitudes, in relation to this malady, which are worthy of great respect, according to my experience. For years, in my earlier experiences, I wasted time and life in the religious application of classical routinism. My practice was of the haphazard type, so unfortunately common, so eminently respectable, and so unfailingly disastrous. It required a personal renaissance of medical skepticism and tentative methods to illustrate to me how not to kill. Then I fell to separating the drug sheep from

Digitized by Google

the drug goats. Not to be tedious I will say that, according to my experience, twice as many harmful as helpful drugs are habitually employed in the treatment of all diseases. Of course, summer-complaint furnishes no exception.

Because the proximate, visible manifestation is upon the stomach and bowels, we are liable to be tempted into the direct conclusion that we are called upon to combat a disease of these organs. The disease is certainly systemic, the primal lesion being hidden among the ganglionic nerve centers. To treat its local expression is, therefore, to commit a dangerous mistake. "Dangerous," *provided* the doctor is capable of substituting the right treatment, which he is *not*, else he would have adopted it in the first place. A wrong causal treatment would be at least as harmful as a dilettante symptomic treatment.

If we cannot remove the child from its unfavorable environment—superheated city air—we must depend upon the remaining hygienic appliances and medicines. It is remotely possible that calomel in minute doses does some good in the outset of the disease. I could never see that it helped any of my cases. Good physicians have insisted upon its efficacy. The chalk mixture is a delusion and a snare in cholera infantum. It may help in simple cholemic diarrheas. Antacids are temporary makeshifts; they are not remedies in cholera infantum. Pepsin does positive harm in every instance. It could not do otherwise without reversing the laws of cause and effect. Bismuth is not a remedy in this disease. For unassailable philosophic and practical reasons, digestives and predigested foods are abominations in about every phase of this disease.

"For heaven's sake!" you exclaim, "what *shall* we give?" Have the mother make a quinine ointment—dr. i. of quinine to a rounding tablespoonful of lard—and instruct her to rub it in the flexures morning and evening. I have not space to tell you why, but it has a sustaining effect. The leading remedy will be ipecac and aconite in minute doses frequently repeated. If active determination set up at any time, substitute gelsemium for the aconite. If the opposite condition develops—passive congestion—displace the aconite with belladonna. If a septic condition supervenes, replace the ipecac with baptisia. There are a number of other semicertitudes which may fall into specific indication, but lack of space prevents their mention here. Oh, yes; for nausea, give morphia in doses of $\frac{1}{200}$ to $\frac{1}{120}$ of a grain. It will surprise you. I believe most forms of nausea to be the only conditions in which any product of opium is medicinal. I do not believe that over 2 per cent. of country, and 5 per cent. of city cases of cholera infantum should die.

There is a pavonian strut about the style of this article that does me—as I really *am*—an injustice. It depends upon the frequent appearance of the first personal pronoun and upon the didactic method I fell into. These are things to be forgiven, unless it is evident to the reader, as it is to me, that for purely communicative reasons it is better so.

Cleves, O. W. C. COOPER.

[Doctor, don't be so afraid of occupying space. We are always pleased to grant *you* all the space that you are willing to occupy. We wish to say to any of our readers that may not know, that Dr. Cooper is the editor of "The Medical Gleaner," one of the leading eclectic publications; also author of the book that we have waited so long for, a review of which we will try to get in this issue. —Ed.]

Summer Diarrheas in Children.

Editor MEDICAL WORLD:—I treated last summer about 400 children of diarrhea in the following simple manner with uniform success:

Preventative: I advise mothers to keep the child and surroundings as clean as possible; cut the finger-nails once a week, wash all the exposed parts of the body, particularly the hands and fingers of the child with soap and warm water three or four times a day, then immerse the hands in some non-poisonous antiseptic, such as Wampole's antiseptic, Arnold's zymotaide, listerine, etc. In two words, observe asepsis and antisepsis; for it is known that the origin of these diseases is sepsis, and this is brought with the fingers into the system of the child, who grabs everything within reach whether food or not; and in the

Digitized by Google

above manner it will be greatly prevented. I also regulate the diet, etc.

If the poison has invaded the child's system, I try to get it out by:

Eliminatives: The principal one I use in these cases is castor oil. I give the first dose myself, not relying upon the mother, for the following reasons: Some forget it, some neglect it thinking the medicine alone will do the work, and some don't give enough of it. In milder cases two teaspoonfuls once every day, in severe cases two or three times a day, is necessary to eliminate the poison generated within the system. Many will object to this mode of treatment, saying it weakens the already weak child; but this is not the case. On the contrary, it invigorates the little patient, because it removes irritants from the alimentary canal, such as undigested food; it removes the poison generated by such food; it reduces temperature, and acts also as an astringent. What other remedy could you find with so many good qualities combined?

Food and Hygiene: Children nursed by the mother's breast should receive that only, and at regular intervals—about every three or four hours; others should have pure cooked milk, to which a little lime water may be added, a few times a day; nothing else; or some prepared food at certain hours of the day, and nothing else. Not to overload the child's stomach is important, as food which is not properly digested and assimilated turns to be a source of mischief.

Medicine: If the above directions are carefully carried out, very little medicine is necessary, and the terror of that disease will vanish. In milder cases I give calomel gr. ½ with gr. iii of bismuth subnitrate every three hours. In severe cases I use the prescription advised by Dr. J. J. Taylor consisting of bismuth, nutmeg, chalk and sulpho-carb. of zinc, which works magically. If the child vomits incessantly and cannot retain anything, ice or mustard applied to the region of the stomach will usually stop it. In all the cases I treated, very seldom more than one or two visits were necessary, and a good many, I think, were prevented from taking that disease.

M. FRIEDLANDER, M.D.

Hazelton, Pa.

Summer Diarrhea in Children.

Editor MEDICAL WORLD:—The heated term is fast approaching, and with it there will inevitably appear a class of diseases which tests to the utmost, and frequent baffles, our skill. In a rough, off-hand way, I desire to lay before your readers the results of my past experience in treating the summer diseases of children. Now is the time for us to counsel together in the hope that our united experience and judgment may contribute to the relief of the little ones.

Our thoughts turn first to prevention. The greatest obstacle in the way of this is the lack of knowledge among the laity of its importance, and their neglect in seeking, and indifference in observing, professional advice. We have piles of literature written on the subject of diet, clothing, etc., yet this does not benefit the little patient whose parents think the only duty of the physician is to sign the death certificate. The laity should be impressed with the idea that it is less trouble to keep a child well than to care for a sick one. Very few nursing infants need have cholera infantum if the advice of an ordinarily intelligent physician is sought and followed.

Require regularity of feeding, avoid overfeeding and give freely of fresh, cool water. A good plan is to give the child a drink of water each time before it nurses. In this this way the mother will give the water regularly. When mothers realize that an infant is thirsty instead of hungry when it frets, then can do away with the little bib to catch ejected milk.

Vomiting, frequent thin stools, should be notes of warning and the family physician given an opportunity to inquire into the condition of both patient and mother. People often ask me for a rule or indication that will warn them to consult a physician. I invariably tell them "when your child is not well."

In the advanced stages of summer complaint, our work is different. Here we are called upon to antagonize and neutralize a very distressing condition. While asepsis should be aimed at in prevention, antisepsis is the key note of treatment. Antiseptics alone are not sufficient. Symptomatic treatment must be indulged in. Early in the case the

Digitized by Google

bowels should be cleared with small doses of calomel and salicylate of soda. Then restrain the passages with salol, salicylate of bismuth, cinnamon water and opium. Reserve the opium for cases where the other remedies alone will not control. Many of our writers condemn the use of opium, but most likely they prescribe it just the same. It is indispensable as an adjuvant.

If diet is important during the preventive period, it is doubly so during the curative. In acute cases feed sparingly. In cases of longer standing use extreme care in the selection and administration of food.

A. D. CLOYD, M. D.

Shubert, Neb.

Summer Diseases.

Editor MEDICAL WORLD:—Very soon after the summer solstice there is a malign condition of the atmosphere produced that infects water, milk, fruit and the weakened tissues of the weaker members of the animal kingdom, producing fermentation, decay and more or less destruction of life.

Some locations are much more seriously affected than others. And some individuals much more than others.

Heat is the potent factor in the development of the germs and ptomines that produce the summer diseases of this and other countries. As soon as the high temperature is reduced, the summer diseases disappear and all nature gives a sigh of relief.

So the only way to prevent children from dying of diarrhea, enteritis, enterocolitis and dysentery is to move from the heat-stricken districts to the cooler and healthier hill sides of the more northern States. Out here in Washington there are almost no summer diseases. In western Washington, where I have practiced for the last eight years, I have not seen a dozen cases of serious summer complaint.

I have before me the reports of the Board of Health of Spokane City, in Eastern Washington, for the years 1894, '95 and '96, and find the deaths from all causes to be for the years respectively as named 235, 260, 336, giving a death rate of 7.83, 8.66, 9.6, with a population ranging from 30,000 to 35,000. The deaths from summer diseases were cholera infantum, 14; diarrhea, 2; dysentery, 1. In 1895 there were only 11 deaths from all summer diseases, and in 1896 there were only 25 deaths from all summer diseases. On this side of the Cascade Mountains the death rate is much less, as the temperature goes much higher at Spokane than at Seattle or Tacoma. So much for climate.

Now, how to fight the heat in places where there is no mountain nigh or cooling breeze from the pure ocean wave, is the problem to be solved.

I would urge all parents whose children are suffering from heat diarrheas to go to the woods if there is no ocean beach or lake side within reach. Under the shade of the forest trees, many a little one would get well who would die in the house. A canvas tent to keep off the dew at night is all the protection needed. Then regulate the diet. Malted milk and whey are all the food required to cure most cases of summer complaint. Horlick's malted milk has stood the test in my hands better than any other foods I have tried. For whey, take good, fresh sterilized milk, add a dessert spoonful of Wyeth's, or other equally good essence of sennet, after the casein is coagulated, strain out the cheese and give the whey freely.

Of drugs, the less given the better, except two or three. First, calomel; second, bismuth; and third, hydrochloric acid. In the early stages give one-tenth of a grain of calomel, with a grain of pure bicarbonate of sodium every hour till ten tablets or powders have been taken. Twelve hours after the last dose of calomel give large doses of the subnitrate of bismuth after each operation. From five to twenty grains of the bismuth, according to the age of the child. If the tongue becomes red, give the acid in small doses well diluted.

This simple remedy will do more for the summer diarrheas of the hot belt than any other that I know of. I have tried them all in the east and know whereof I speak. Of course, if a case is neglected and becomes chronic, there is much more to be done. Flushing the colon with a weak solution of borax or a strong solution of boric acid, will do wonders in those cases, and feed them on malted milk and whey.

THO. W. MUSGROVE, M.D.

Fairhaven, Wash.

Digitized by Google

Summer Diarrhea in Children Under Two Years of Age.

Editor MEDICAL WORLD:—There are difficulties to be encountered in the management of ailments of the digestive tract of infants and small children not encountered in older individuals. The impossibility of securing subjective symptoms, the impracticability of using the remedies ordinarily used in older patients, and the helplessness of the patient are, however, more than offset by the greater reliability of the symptoms as seen by the observer, which depend less on the influence of outside circumstances observed by the patient, which influence his condition.

With the little folks there are no shams practiced to deceive. Drugs act just as reliably for the little ones as for those older, though they are necessarily other and in different doses from those of older patients.

The child is ordinarily responsive to the action of drugs to a greater degree proportionately than the older individual who has drugged himself more or less for longer or shorter periods of time.

The causes of these summer troubles are first and foremost improper food and unhygienic surroundings; and in overcoming these lies the greatest difficulty. The condition of the milk received by these little people is hard to manage. Where the little one nurses, the acts of the mother materially affect the condition of the milk received by the little one; overheating, errors of diet, etc., in the mother are frequently the cause of this class of disorders. Where the dairy is depended upon, much of the milk is unsuitable because of its natural constituents, and also from the length of time it is kept warm and agitated in reaching the user. In instances where these items are not under control it is usually well to place the child upon a diet of prepared infant food, preferably one that requires no mixing with milk in its preparation for the patient.

Another important cause of disorders of the digestive tract are the nervous and febril disturbances attending the development of the teeth. Where the two causes mentioned above are combined, matters are more complicated, but usually respond to judicious treatment.

In treatment we note first and foremost that the dosage, to be satisfactory, must be small and the means employed simple. For febril symptoms aconite has no peer; in children under two years of age, five minims of the fluid extract in four ounces of water, teaspoonful every hour or two, is sufficient. Nervous symptoms are usually benefited promptly by small doses of gelsemium and potassium bromide, five to ten minims of the fl. ex. gelsemium and from a half to one drachm of pot. brom. to four ounces water; teaspoonful every two or three hours. For fretfulness and restlessness a mixture of oils of anise, cinnamon and wintergreen in small doses usually precludes any necessity for the use of paregoric or other opium preparation. For the disorders of the stomach and diarrhea, sodium bicarbonate, rhubarb, fennel, anise, hydrastis, castor oil and mild antiseptics, such as dilutions of formaseptol, in various combinations, are usually effective. While doses and combinations selected depend upon the individual case, a formula quite generally satisfactory with me is as follows:

℞. Sodii bicarbonas . . ʒss to ʒj
Olei. anisi . . ♏xx
Extract fenic. fluid . . ʒi
Tr. rhei arom. . . ʒiss
Spr. menthæ piperit . . ♏v
Syrupi simplicis . . ʒiv
Aquæ puræ q. s. . . ʒii
M. Sig. Twenty to thirty drops every two hours.

These remedies are very simple, but when properly adapted to the case and changed in accordance with the needs of the patient, there are few cases that require severer remedies. Of course they should be used in conjunction with good nursing and proper hygienic measures, without which no class of remedies is successful.

Menasha, Wis. PRESTON POWEL.

Summer Diarrhea.

Editor MEDICAL WORLD:—The remedies I rely on for the treatment of summer diarrhea are few and ancient. Aconite, zinc sulpho-carbolate, bismuth sub. nit., magnesia sulphate and a proper diet is all that is usually required,

Digitized by Google

but sometimes it becomes necessary to resort to other remedies. My stock prescription is as harmless as it is effective, and consists of the following:

℞. Zinci sulpho-carb. . . grs. xx
Bismuthi sub-nit. . . drs. ij
Tinct. card. comp. . . oz. ss
Aq. menth. pip. q.s. ad . oz. iv

M. Sig. Shake bottle. Take one-half to one teaspoonful after each movement of the bowels.

If there is much tenesmus, or the discharges do not become less frequent in twenty-four hours, I add two drams of camphorated tincture of opium to the above prescription, or order an enema of corn starch containing ten drops of tincture of opium, to be repeated in six hours if necessary. I invariably prescribe the child's sedative spc. aconite in one-third drop doses every one or two hours for the fever and restlessness with more confidence than any other remedy. When the breath is foul, tongue coated or the discharges offensive, thirty grains of sodium salicylate should be added to the stock prescription. If the bowels are overloaded, I begin treatment by giving magnesia sulphate.

℞. Magnesiæ sulph. . . drs. vii
Aquæ dist.
Elix. simp. āā . . oz. ij

M. Sig. Take one-half to one teaspoonful every three hours until bowels move freely.

Sometimes magnesia has, seemingly, an astringent instead of a purgative effect. I have known a diarrhea (in an adult) of several days standing, to stop within three or four hours after a heaping teaspoonful of magnesia sulphate had been taken, without any purgative effect from the medicine. Sweet milk, to which has been added a small quantity of lime water, is the best diet during the summer diseases of childhood. The above prescriptions are for children.

The following is a harmless yet effective remedy for diarrhea, dysentery, cholera morbus and pain in the stomach in adults:

℞. Ol. cassiæ.
Ol. caryophyl.
Ol. gaultheriæ.
Fl. ex. capsici āā . . drs. ii
Alcohol q.s. ad . . . oz. iv

M. Sig. Dose, one-half to one teaspoonful in one-fourth of a glass of sweetened water.

C. C. PATCHEN, M.D.
Beardstown, Ill.

No "Summer Complaint" in California.

Editor MEDICAL WORLD:—We do not treat any summer diseases in California, at least not in this part. Summer is our healthy season here; little to do. No cholera morbus, no dysentery, no summer diarrhea, no cholera infantum. I have not treated over a dozen of these cases since I came to the West, sixteen years ago. W. N. SHERMAN.
Merced, Cal.

Hygiene vs. Drugs in Summer Complaint.

Editor MEDICAL WORLD:—The Puget Sound country is particularly exempt from diarrheal troubles. East of the Cascades it is quite different. This proves at once that a high temperature is conducive to these diseases. I have noticed that in the East when we had a spell of hot, sultry nights, which prevented refreshing sleep, we could always expect the children to suffer. Here on the Sound we have cool nights, and during the day it is seldom above 85° in the shade.

It would appear that we do not fully understand why hot weather interferes with digestion; why a slight error of diet is not as disastrous in winter as in summer I do not pretend to answer. We do know, however, that foods do not keep as well in hot weather as in cold; but why the eating of this same tainted food has different effects in summer and winter is another problem.

The nursing babe at the breast, whose food is just as sterile one time as another, is much more liable to indigestion during the warm months than in cool weather.

We may, therefore, say that errors of diet and a high temperature are the principal causes of the high mortality of children during the summer months.

The action of the City Council of Buffalo, N. Y., recently, in prohibiting the use of the long nursing tube, is legislation in the right direction. How many sunny faces, bright eyes and curly heads will be spared from death by this law we will never know.

Last September and October I had the pleasure of taking a post-graduate course. I was more than surprised to observe in the children's clinic how often it was

Digitized by Google

demonstrated that the cause of sickness was an error in diet.

Query: Will we ever learn to eat properly?

I also noticed that but little medicine was given, often a placebo, because the people think they must have medicines; but a great deal of attention was given to the proper feeding of the little patients.

If, therefore, we can keep the little folks as cool as possible and feed them properly, we will have but little trouble. Hence light, airy and *clean* clothing is one of the first things to be advised. Next comes frequent bathing; if children would have a nice cool bath at bedtime, they would sleep much better.

In bottle-fed babies the bottle and milk demands our closest attention. A plain bottle and nipples is the proper thing; but they must be kept perfectly aseptic. The milk should be sterilized, kept in a clean dish in the coolest place to be found. A simple and cheap method to sterilize the milk is to put it in a common glass fruit jar, place this in a kettle of water and boil 20 minutes.

I don't think that children of all ages drink enough nice clean cold water—not ice water.

With the first advent of trouble, correct and *restrict* the diet; it is vastly better to go hungry than to eat too much and thus cause intestinal fermentation and systemic poisoning, followed by convulsions, coma, death.

At the Polyclinic I noticed that albumin water was prescribed a great deal. Put the white of one fresh egg in a goblet of cold water, stir until well mixed, flavor to suit the taste. Barley and rice water were also prescribed.

I like malted milk very much in all these cases.

If the case gets worse, clean out the alimentary canal thoroughly. This must be well done, or it will avail us but little. I find that calomel in small and oft-repeated doses does the work better than anything else. It is pleasant to give, and is an excellent antiseptic as well as purgative—three good qualities.

Flushing the colon is often, if not always, advisable. It should be done by means of a long rubber tube passed well beyond the sigmoid flexure. You can medicate the water with any of the simple antiseptics.

I think the calomel often prevents the dreaded cerebral symptoms. This, with cool baths and correct diet, is often all that is needed.

I think it is often well for the physician to personally superintend the preparation of such foods as these cases require. Any good text book will give directions in this line.

I don't think astringents are often needed; if so, I prefer bismuth and hydrastis.

In selected cases opium will do wonders, but it must be handled with great care; antiseptics are far safer, and very often all that is needed.

Believing that these cases are often given too much medicine, I will close without further comment.

L. R. MARKLEY, M. D.

New Whatcomb, Wash.

Cholera Infantum.—Ear Ache.

My good friend, THE MEDICAL WORLD, for June, is just before me, and in response to the Editor's kind request for "experience" in treating diseases peculiar to the summer season, I beg to say, that for several seasons past I have treated my cholera infantum and kindred cases on the eliminative antiseptic plan, with most gratifying results. The following case illustrates what I mean. One hot day in July of last year I was called in haste to go four miles in the country to see a child in convulsions. I saw the case within an hour, and found a robust little fellow eighteen months old just emerging from a severe convulsion, with wild anxious look, vomiting and bowels flowing with watery stools, pulse flying, temperature 104°, patient in great pain. I decided this case needed prompt treatment, and immediately gave $\frac{1}{50}$ gr. morphia and $\frac{1}{100}$ gr. atropia hypodermically. Waited ten minutes and saw my little patient becoming comfortable. I gave a teaspoonful of castor oil with 15 drops of brandy, and prepared the following: Copper arsenite $\frac{1}{100}$ gr. dissolved in 24 teaspoonsful water, a teaspoonful every 10 minutes for one hour, then every hour; also calomel $\frac{1}{10}$ gr. every hour for 12 doses; follow with zinc sul-

pho carbolate ¼ gr., with bismuth salicylate 1 gr. every 4 hours.

Returned next day and found the little fellow bright and playful, temperature normal. Ordered strict diet, continued the zinc and bismuth mixture for 24 hours, with an occasional dose of aromatic castor oil, and dismissed the case.

Here was a case of cholera infantum of grave character, "knocked out" by prompt antiseptic treatment. Brethren, don't deny your little patients the benefit of $\frac{1}{20}$ or $\frac{1}{10}$ gr. morphia hypodermically when suffering from severe pain and nervous shock.

For ordinary summer diarrhea in children I find nothing better than Dr. J. J. Taylor's ℞. published in THE MEDICAL WORLD of June, 1892. First clean out the bowels with one or two full doses of Abbott's seidlitz salt, then follow with the ℞., which is this:

℞. Bisumth subnit. - - - dr. 4
Pulv. nutmegs
Creta prep - - - āā dr. 2
Zinc sulpho-carbolate - - grs. xii
Syr. ginger - - - - oz. iij

M. Shake well, and give a teaspoonful after each meal. Thanks to Dr. Taylor and THE WORLD for this excellent ℞. In connection with this line of treatment, strictly guard the diet; feed your patients on pure milk, egg-albumen, custard, bovinine and last but not least, the old-fashioned thickened milk, made thus: tie up in a clean muslin cloth two quarts of wheat flour, drop it into boiling water, boil for six hours, remove the doughy coat, grate and make thickened milk. This is excellent and suits both old and young. In many cases I flush the colon with a thin starch enema with a few grains of zinc sulphocarbolate dissolved in it. Since using plan of treatment I have not lost a case of cholera infantum.

Will the brethren of the WORLD family try this for ear ache and report? Fill the bowl of an ordinary pipe with absorbent cotton, drop into this ten or fifteen drops of chloroform, place the bowl over the auditory canal and blow your warm breath gently through the stem, thus carrying the fumes of chloroform to every part of the auditory meatus. It acts like magic, and never fails to give prompt relief in a few minutes. J. M. WATT, M.D.

Toronto, Ohio.

Summer Diarrheas of Children.

Editor MEDICAL WORLD:—When a child is presented to me with the symptoms of the disease in question, I first give calomel in very small doses, say $\frac{1}{5}$ gr. in ipecac and soda every hour till from three to five doses are taken, according to the age of the child. I then follow with the following formula, which is given in small doses repeated as indicated by the actions on bowels or restlessness of child. To check bowels is not my object. I use it more as a corrective. It will change the color and consistency of the actions. For an ordinary case of a child say two years old, I write the following:

℞. Pulv. acaciae - - - gr. xxiv
Aquae. dest. - - gtts. 48
Olei ricini - - ℥i
Tr. opii deod. - - gtts x
Bis. sub-nit - - - ℥i
Syr. gingiberi - -
Aquae cinnamomi, āā - ℥iss

M. Sig. One half teaspoonful every 1, 2, 3, or 4 hours as directed.

This should be compounded as written. The water, tr. opium and castor oil should be added drop by drop, rubbing all the time; the bismuth should be added in small quantities, and also the syr. of ginger and cinnamon water. When through you have a beautiful white mixture with the bismuth in suspension. It is very pleasant to take. The opium should be changed to suit the case in question.

I have used this ℞. in gastric irritations of adults, giving it about one half hour before meals, and it has given satisfaction. I am a general practitioner and have no specialty; but this ℞. has made me more friends than any other. So I give it to you trusting it may do good. A. R. BOWMAN, M. D.

Sabinal, Tex.

A Successful Treatment for Cholera Infantum.

Editor MEDICAL WORLD:—The newborn babe's chief object is to build up the body. Hence the digestive organs are very active. The nervous system at this time is very susceptible, and prone to irritation on slight provocation. The reflex irritation incident to teething and the innervating influences of extreme heat, especially when it is prolonged, are exciting causes of disturbance.

It makes no difference what the name

Digitized by Google

or symptoms of such diseases are, they are caused by intestinal poisons, which arise from within the intestinal canal by food fermenting instead of digesting. The treatment is the same for them all; remove the cause. There is nothing better for this than calomel. In mild cases I always give calomel triturate, small doses every hour until from three to six doses are given; then follow with a dose of the same each night and morning.

After the alimentary canal is thoroughly evacuated, I usually give a few doses of the following, varied to suit the occasion and the patient, but not the disease. I never treat a name; I try to treat the patient.

℞. Bismuth sub-nit - - - ʒ iv
Papine - - - ʒ ij
Glycerine - - -
Mucilage acacia - - āā ʒij
M. Sig.—Teaspoonful every three or four hours as required to check the bowels.

For the nervousness incident to teething, I usually give bromide of potassium and chloral hydrate in very small doses every hour. Put twenty grains of the former and five or ten grains of the latter in a glass of water and give a teaspoonful every hour; if feverish add ten minims of aconite. This is for mild cases, for in genuine cholera infantum a different treatment will have to be laid out and seriously and vigorously followed, for there will be no time to lose.

If the child is vomiting all the time and the bowels are uncontrollable, threatening collapse, it is indeed cholera infantum. All of the symptoms are well and ably described in the editorials of the special cholera infantum number of WORLD for June, 1892. The treatment that I have used, and with success, is as follows: For a child between one and two years of age give from eight to ten grains of calomel. If it vomits it up, repeat the dose until one sticks for half hour. At the same time flush the colon with hot water, with one part of bichloride to 8000. I use a soft rubber tube twenty-two inches long and a common fountain syringe. As soon as I get through with that I inject immediately a pint of good egg nog, with from five to ten grains of chloral dissolved in the milk before the egg nog is made. If it is the hot stage of the disease, use cold water all the time; bathe and rub the child in water a quarter to an eighth alcohol; but if it is the algid stage, use hot water with the alcohol and friction. I have given whiskey and nitro-glycerine, $\frac{1}{100}$ grain hypodermically with the above treatment, but I usually give nitrate of strychnine $\frac{1}{100}$ grain and alcohol ten minims well diluted, hypodermically. Watch the child all the time; and when it begins to cease vomiting and the bowels get normal and the pulse better you can leave for a short time, but leave directions to not give the child anything to eat or drink until after the calomel acts which will be two to three hours. Then give ten grains bis. subnit. and one half to one minim of carbolic acid rubbed up together. If that is retained, in one hour give a few teaspoonsful of Horlick's malted milk; repeat every two or three hours. There may be something just as good, but my experience is that there is nothing better. Mix it up according to directions.

The main thing is not to feed too much until the irritated alimentary canal is soothed and quieted by rest and time. Lay down systematic rules for diet and treatment. Watch your patient yourself until danger is over. Stimulate boldly with strychnine, glonoin and alcoholics at the right time. Quiet the nervous system with the bromides, chloral and a very little morphine until you get perfect rest. Use lots of water, hot or cold, as indicated, both externally and internally. Use intestinal antiseptics. But by all means clean out the alimentary canal freely first. After danger is over, treat your patient rationally and don't think of the name of the disease.

Harvel, Ill. J. W. GIBSON, M. D.

Beta-Naphthol as a Summer Remedy.

Editor MEDICAL WORLD:—Among the many summer remedies there are perhaps few that are more generally useful than beta-naphthol. The fact of its being three times stronger than carbolic acid, and non-toxic, would at once indicate its value as an intestinal antiseptic. Given in from two to five grain doses, from four to six times daily, it has been the most useful drug that I have used in typhoid fever. Being a true anti-fermentative, it

Digitized by Google

is a remedy of much value in summer diarrheas of infants and children. As it has a sharp pungent taste, it is best given to children in glycerine, wine or milk. In doses of one to three grains, repeated every two or three hours, it has proven very useful in diarrhea and dysentery of adults, preferably given in capsules or tablets. As a remedy for chronic diarrhea of old soldiers, its good effects have been more prompt and lasting than any other remedy I have used. Given in two grain doses after eating, it is an efficient remedy for the so-called fermentative dyspepsia. Rightly used, we have in it a non-toxic and powerful antiseptic for the alimentary canal, probably unrivaled.

FRANK LOMERSON, M. D.

Columbus, Ohio.

Summer Complaint in Children.—A Two-Year-Old Dirt Eater.

Editor MEDICAL WORLD:—In the June number you ask the profession to give something on diseases that come with our warm weather. My experience has not, in the ten years of practice I have had, probably been so extensive as some. I find that the diarrheas are most always due to the way of preparing the food, the careless way of cleaning the tubes, nipples and bottles, or, if nursed by the mother, she may be pregnant or menstruating, or working very hard and overheating herself. Also the children may be improperly clothed.

We find various colored stools. I do not believe in a routine practice. If food is undigested and passing off with the stools, or if the stools are clay-colored, I give ⅛ grain of calomel every half hour of hour, combined with ipecac and soda, until stools are yellow or green from action of calomel. When bowels have moved well from calomel, I give bismuth sub. nit., two or three grains, ½ oz. elixir lactopeptine or liquid peptonoids, with a few drops of listerine; also a few drops of camp. tr. of opium; this to a child every hour, oftener or less often as the case may require, until bowels check. Keeping head cool and child comfortable in either hot or cold weather.

Turning our attention to diet, my way of preparing milk is simple, but not original with me. I got the idea from Prof. Siebert, of N. Y. Polyclinic. If you want your patient to have two ounces of milk every two hours, procure one dozen two-ounce prescription vials and good corks to match. Cut a small groove up the side of each cork, half its length. Fill six of the bottles (enough to run 12 hours) as soon as the milk is milked from the cow, and place them in a kettle of water and bring to a boil. The steam will escape through the groove in the cork. After boiling, take the bottle out and press the cork in tightly, set away on ice or in cool place, and when baby wants food, remove cork from one vial and apply rubber nipple—not a germ factory in the shape of a long, rubber nursing tube. As the bottles are emptied, wash clear of milk and put to soak in strong soda water. By using half of the bottles during the morning and half during the evening, they can always be sweet. Fill six at morning milking and six at evening milking. That gives twelve to twenty-two hours for bottles to soak. The nipples should be washed after each nursing and placed in soda water, after turning inside out and cleansing thoroughly. Too much care cannot be used in feeding. How often we are called and find a bottle containing clabber sharing the bed with the baby.

I have a little boy two years old in my practice that is a dirt eater. He consumes it in large quantities, until the stools are like mud balls. The parents cannot keep him from this unless they can keep him where he cannot get it. At first he was not particular whether the dirt was dirty or whether it was clean. But now he would prefer lumps of dirt or clay. What is the matter with this child, or is there any thing? What would you do for him, or would you do any thing for him? He seems in good health. I have heard of girls and women eating hair, slate pencils, chalk, etc., but never saw a child take to dirt and relish it as this boy does. Give him a chunk of magnesia and he will devour it like food. Let me hear from editor and readers of THE WORLD.

Menlo, Ia. CHARLES PATTON, M. D.

[Have you read up carefully and extensively on dirt eating? If not, please do so, and apply knowledge thus gained to this case, and report further to the brethren.—Ed.]

Digitized by Google

Cold Water Treatment for Cholera Infantum.

Editor MEDICAL WORLD:—The hot months are coming, and with them the much dreaded cholera infantum. We have had excellent results from cold water in this trouble. The little fellows will take it out of the dipper with an avidity that shows the strong demands of nature, and after filling their stomachs with it and vomiting many times, they will fall into a quiet sleep and awake better. Give them all they want.

Kearney, Mo. DRS. RICE & RICE.

Summer Diseases of Children.

Editor MEDICAL WORLD:—Summer diseases of children have three stages: premonition, emaciation, exhaustion. The causes usually are heat, dentition, improper food and nervous derangements. I usually begin treatment by clearing out the alimentary canal, then correct the liver and support the child. There is nothing better, in my opinion, than small doses of bichloride of mercury to correct the liver, pepsin to aid digestion, and Dr. J. J. Taylor's formula, MEDICAL WORLD, for June, 1892, page 233. Indeed, with the above I have little trouble now.

Woodstock, Va. W. S. CLINE.

Diarrhea in Children.

Editor MEDICAL WORLD:—Formerly when a child was brought to me suffering with diarrhea, I didn't expect good results; as all treatment I used before my present treatment was very unsuccessful. I formerly gave paregoric, etc., but after studying the pathology of the alimentary tract in this disease, I decided on a different treatment. So successful has this treatment been that I want my brother physicians to give it a trial. Now, when a child is brought to me suffering with diarrhea, I begin with mercury and chalk, ½ gr. every four hours until six or eight doses are given. This for a short time increases the evacuations, but gives them a more natural appearance. I follow the mercury and chalk with bismuth subnitrate. I have successfully used this treatment on cases of several months' standing. Should the bowels not become regular with this treatment, I repeat it; in a case of times necessary. This treatment has proven so successful in my practice that I feel highly gratified with it. I have given castor oil instead of mercury and chalk, but find it very difficult for children to retain.

Huey, Ill. HERMAN SCHMIDT, M.D.

Dosimetric Treatment of Summer Diarrheas.

Editor MEDICAL WORLD:—Case I. May 16, 1896, I was called to see little E., aged one year, stout and healthy looking. She had been cross and fretful for several days, but was taken suddenly very ill. I found her temperature 104°, pulse very rapid, face flushed and head very hot, bowels "running off" and patient very stupid.

Treatment: I gave gr. ½ antikamnia at once. I then prepared aconitine, gr. $\frac{1}{134}$; strych. ars., gr. $\frac{1}{134}$; digitalin, gr. $\frac{1}{67}$; emetine, gr. $\frac{1}{67}$, three granules each; water, 24 teaspoonfuls. One teaspoonful every 20 or 30 minutes till fever falls to 101°, then every 1, 2 or 3 hours as necessary. Calomel, gr. $\frac{1}{8}$, six granules; sodii bicarb., gr. j; water, six teaspoonfuls. One teaspoonful every hour till character of stools is changed, or till all has been given. This is to be followed by laxol if necessary. As patient's tonsils were swollen and inflamed, I gave calcium sulphide, gr. $\frac{1}{8}$ (in solution) every hour till the characteristic odor of the breath or nausea of the patient was produced, then every 2, 3 or 4 hours as necessary. Under this treatment, without another visit or any change, the little patient made a quick recovery.

Case II. May 2, 1897, I was called to see Mrs. S[redacted] about 60, who had attended a p[redacted] the day before, and had been suffering very greatly since about 1 a. m. I saw her about 8 a. m. Patient was very weak, still suffering from severe vomiting and purging, which gave great pain. Her hands and feet were very cold, and she complained of very great weakness. Did not wish me to leave her.

Treatment: I gave at once zinc sulpho. carb., gr. ⅔; codeine, gr. ½; hyoscyamine, gr. $\frac{1}{150}$; strych. ars., gr. $\frac{1}{67}$. I then gave glonoin, gr. $\frac{1}{250}$, dissolved on tongue every 15 minutes till her pulse became full and strong. I then prescribed co-

zinc sulpho. carb., gr. i, codeine sulph., gr. ¼, hyoscyamine amorph., gr. $\frac{1}{150}$, strych. sulph., gr. $\frac{1}{134}$, one every 1, 2 or 3 hours as necessary. In less than one hour I left the patient resting quietly. She says she has been subject to these attacks of cholera morbus for several years, but never had such complete and quick relief before. This is the first time she ever called me.

Case III. June 5, 1897, I was called to see S., colored, married and the mother of six or eight children. Had been suffering from a severe attack of diarrhea for 24 hours. The motions consisted mostly of mucus and water, and gave great pain. The tongue was coated, stomach nauseated, temperature 102°, pulse very weak, severe headache, no appetite.

Treatment: Dosimetric trinity No. 1 (digitalin, gr. $\frac{1}{67}$, aconitin, gr. $\frac{1}{134}$, strych. ars., gr. $\frac{1}{134}$ in each granule); one granule every 15 or 20 minutes till fever falls to 101°, then every 1, 2 or 3 hours, as necessary. Codeine compound, one tablet every hour till pain and diarrhea is relieved, then every 1, 2 or 3 hours, as necessary. Three doses gave relief. I then gave calomel, gr. ⅛ every hour till the character of the motions were changed, or till 12 doses should be taken, this to be followed by one heaping teaspoonful of seidlitz salts (A. A. Co.'s) every 2 hours till it acts well, if calomel does not act well enough. I then prescribed Buckley's uterine tonic (helonin, gr. ⅛, caulophyllin, gr. ⅛, macrotin, gr. ⅛, hyoscyamine, gr. $\frac{1}{150}$. One before each meal, three times a day.

Without any change in the treatment or another visit from the writer, the patient was able to be up in 24 hours.

These are some of my intermediate cases, if I can so term them. They are not the most simple, neither are they the most severe or interesting.

Buda, Tex. G. M. JAMESON, M. D.

Entero-colitis; So-called "Summer Complaint."

Editor MEDICAL WORLD:—The treatment outlined below will be found beneficial in any form of diarrhea. Treat symptoms and not names. If any physician reading this article will lay aside prejudice and give the medicines as indicated, he will never regret it. It is inexcusable to lose so great a number of children from "bowel complaints."

I am very glad to see that the opium and astringent treatment is discarded by the best of the "old school" physicians. Locking up the secretions is exceedingly injurious. To aid nature, give water by the mouth and per rectum freely, always boiling the water both for drinking and enemas.

Cholera infantum must not be confounded with enteritis. The excessive vomiting and purging, running rapidly into collapse, will declare the case to be one of cholera infantum. If you see the patient soon after the attack, give tincture of camphor in drop doses on sugar every fifteen minutes until three or four doses are given; then give veratrum album, third dilution, in drop doses every half hour until warm; when warmth is restored give arsenicum alb., third trituration, one tablet every hour. If cramps are distressing, give cuprum act., sixth trituration, one tablet every half hour until relieved.

In the premonitory symptoms of entero-colitis, alternating constipation and loose bowels, especially if the child perspires much about the head, give calcaria phos., sixth trituration, tablet three times a day; and bryonia, third dilution, one drop every three hours.

Aconite: In all forms of diarrhea, when fever is present, give aconite, third dilution, in drop doses every hour until the fever abates.

Belladonna: Flushed face, jumping and starting during sleep, great tenderness of the abdomen, and especially if spasms ensue, in drop doses every hour. In case of spasms give a dose every fifteen minutes.

Chamomilla: Child excessively fretful, wants different things, throwing them away when given to it; wants to be carried; aversion to food and great thirst; green, jelly-like mucous stools, which smell like rotten eggs. Dose, same as above.

Mercurius Sol — third trituration: Green, slimy stools; tenesmus during and after stools; bloody mucus; hunger soon after eating; ulcerated gums, fetid

Digitized by Google

breath. Dose, a tablet every three hours.

Podophyllum—sixth trituration: Stools yellow, watery, profuse, gushing, painless, undigested, meal-like sediment, very offensive, often prolapsus ani; diarrhea worse after eating or drinking; especially if there is rolling of the head from side to side. Dose, tablet every two hours.

Ipecac—third dilution: When there is excessive vomiting in the early stages; stools green as grass; pale face. Dose, one drop every half hour till better.

Rheum (rhubarb)—third dilution: Child has a sour smell, stools sour, fermented, turning green; worse evening and night; ineffectual urging to urinate. Dose, one drop every hour.

Veratrum Album—third dilution: Cold perspiration on the forehead; unquenchable thirst, especially for cold drinks; nausea; vomiting, with diarrhea and great prostration; vomiting is renewed by drinking or the least motion; colic; watery stools; eyes sunken; often collapse; small, thready pulse; violent tonic spasms. Dose every half hour until better.

Arsenicum album:—Great restlessness; burning thirst, drinking often and little; vomiting after drinking; stools immediately after eating; great prostration; stomach very painful to the touch; colic after eating fruit or ice cream; corrosive stools; worse at night.

Dose (third or sixth trituration, according to age), tablet every hour until better, then every two hours.

Of course we may not find all the symptoms in any one case as enumerated above, but enough to indicate the remedy.

Diet is most important. If the mother cannot nurse her child, or the milk disagrees with it, then it becomes a serious question what is best to be done. It may be necessary to stop all food for a day or two and give the child rice water, or even water alone. Predigested food is essential. It is claimed that sterilizing milk destroys its antiscorbutic properties. I use Fairchild's peptonising tubes. Dissolve an eighth of a tube in a tablespoonful of water and put it in hot water ten or fifteen minutes and give to the child every three or four hours. But if the child is under six months it can be fed every two hours.

There is more danger of overfeeding than starving a sick child. Remember that a baby's stomach under six months is very small; so that each feeding should not exceed three tablespoonfuls. In the second summer, lean mutton chopped fine and soaked in cold water for an hour, and cooked in the same water, with a little barley or rice, until thoroughly done, adding a little salt when cooked, will be found excellent in many cases. Fat, boiled bacon is another favorite of mine; in chronic diarrhea I have seen them eat it with the greatest relish and never knew it to do any harm. When the stools are excessively offensive, well boiled corn starch, with half teaspoonful of Forbe's diastase with each feeding will agree better than the mutton above spoken of.

Keep the child in the fresh air as much as possible, and in very hot weather, out of doors after four o'clock until nine p. m., or even later.

J. C. CUMMINGS, A. M., M. D.
3514 Olive street, St. Louis, Mo.

Summer Complaints.—Inflammation of the Bowels.

Editor MEDICAL WORLD:—I believe almost all bowel troubles to be the result of improper food or improper feeding, or both; or the sudden fall of temperature. The sudden rise in temperature seldom, if ever, causes trouble; but if the temperature falls 40 to 50 degrees in 24 hours, as it sometimes does, we expect trouble. And why? because we neglect to add the necessary clothing. This is especially true of young children, and the result is a sudden attack of diarrhea, dysentery or inflammation of the bowels.

I have never been able to treat the above named diseases satisfactorily from the books. I treat each case as the symptoms and the condition of the patient seem to require. In children under three years of age I seldom give astringents, and especially opium. I first unload the bowels with a dose of

on intestinal antisepses. One teaspoonful of listerine to one half glass of water, is my favorite, giving one teaspoonful of of the mixture from every one half hour to one hour. If there be much fever, I add five to ten drops of the tinct. aconite root to the mixture, and if there be symptoms of convulsions, I add ten to fifteen drops tinct. gelseminum and fifteen to twenty grains of chloral hydrate, then sweeten. I give no other drink other than a little milk or nurse until I see a decided improvement, however much the child may call for food or drink. If the fever fails to come down, or the child continues to be nervous, I order sponging with tepid or cool water. Keep the child as quiet as possible, avoid moving it around; let it lay still, and keep people out of the room, with the exception of the mother or nurse. If the stools are green, with a cadaverous smell, I give hyd. cum creta, gr. ¼, pulv. ipecac, gr. ¼; bismuth subgalate, gr. ½, every two hours.

In all ordinary cases the above treatment will succeed, but occasionally we find a case that will go on to a fatal termination in spite of all treatment. Good common sense, with a due appreciation of the inability of these little patients to endure powerful drugs, will be of great service to the physician, regardless of his school of practice. I believe very many of these little patients die, more from over medication and over feeding, than from the disease where properly treated; but, treat them as we may, and continue to stuff them, and the chances are they will die in spite of our best efforts. There are a thousand things any intelligent physician will see and do, which I shall not attempt to speak of, such as hygienic surroundings, etc. When the disease abates, and the child becomes convalescent, great care must be taken in the feeding for some time; and the child must be warmly dressed, or there may be a relapse.

In adults, I have found epsom salts and opium, given in full doses and continuously *every day*, to be the best treatment for diarrhea or dysentary. I fancy I hear some of the brethern say "Old foggy." But brethern, *try it* and you to emphasize the importance of the patient's keeping still in all of these bowel troubles. I would as soon expect a fractured femur to heal while the patient is walking around, as to expect any of the bowel diseases to get well while the patient persists in working.

There is one more disease I wish to mention, and that is inflammation of the bowels. This is generally considered a grave disease, and very properly too. When we think of the many cases of this disease which terminate fatally, I do not wonder that the laity look upon it with great apprehension. I have frequently been asked the question by the friends of the patient, after telling them that the patient had inflammation of the bowels; "Doctor do you think there is any hope?" I always assure them that the patient will get well. Indeed there are few grave diseases in which I feel so confident in bringing the patient "out," as in this disease. *Common sense* is all that is requisite, presuming, of course, that the physician has a fair knowledge of medicine. But what shall we do first? Give a large dose of calomel, or some other drastic cathartic, as many do? Not unless you want to kill your patient. My treatment is to keep the bowels still. Don't give anything that will increase peristalsis. On the other hand give *opium*. Dover's powder is my choice of all other preparations, and some one of the coal tar derivatives sufficient to hold the temperature below 103° F, move the bowels once or twice daily with castor oil, epsom salts, or with enemas of strong salt and water. But, if they refuse to move, don't make the great mistake of giving a powerful drastic carthartic. Let them alone so long as the temperature remains at 103° F. But if the symptoms become grave, give an enema of tobacco, one dram steeped in one pint of water, and the bowels will doubtless move. I have known the bowels to go nine days without moving, and the patient come out all right; no matter about that providing the temperature is all right.

I have given an outline of my treatment. Of course, every physician knows how to treat symptoms as they occur. If there is undue nervousness, I

also use turpentine stupes, with a few drops internally, etc.

I fear I have written too long a letter, and should you see fit to consign it to the waste basket I assure you there will be no offence taken; for I know in that case there will be more valuable matter in the space this letter would occupy.

W. C. SMITH, M. D.

Franklin Grove, Ill.

Dysentery.

Editor MEDICAL WORLD:—As the summer is now here, and intestinal inflammation of frequent occurrence, I will relate some clinical experiences. On February 22, 1890, I was called by the captain of a convict camp to see some sick men on his boat. The Mississippi river was high, a crevasse threatened in North Louisiana, and the men had been brought to work on the levee. There were about 150 convicts in addition to the officers. They all stayed on a large boat, the convicts staying on the lower part and the officers and guards in the rooms above. I was told that the boat had been for several weeks by the inner side of an old levee in the Mississippi river, and the water around the boat was still water. The excrements of all these men at night, and of those who remained on the boat during the day, were deposited in the water, and the water these men drank, and that was used in their food, was drawn from near the boat. The result was an epidemic of dysentery. On the first day I had about thirty-six men passing frequent bloody mucous fecal evacuations. On second day I had forty-six men sick. Most of the guards and officers were likewise affected. One day there were eighty men thus afflicted. In three months 125 of the men had it, three dying, one being ninety-five years old. My principal treatment was a mild cathartic followed by

℞. Pulv. opii . . . . grs. x
Bismuthi sub-nit. . 3j
Pulv. ipecacuanhae . grs. v
M. Fiat charta x. Sig. Give a powder every two hours while bowels move too often.

Three movements in twenty-four hours was considered often enough. Also ordered an enema of argenti nitratis, grs. x in a pint of tepid water, after bloody actions. Ordered milk, beef tea and other fluid food for nourishment. To some I ordered

℞. Tr. opii camph. 3j
Magnesiae sulph. 3j
Aquae q. s. 3iij
M. Sig. Shake bottle and give a teaspoonful in half wine-glass water every two hours as required.

I do not always give a cathartic before I give the opiate powders, my directions varying according as I think the bowels have or have not been rid of irritating substances. Sometimes I begin by giving grs. x of pil. hydrargyri and treat subsequent conditions pro re nata. For children with summer diarrhea, to a child four years old I often give

℞. Tr. opii camph. . . . 3ij
Bismuthi sub-nit. . . . 3j
Pepsin sacch. 3j
Thymol. 3j
Aquae 3ij
M. Sig. Shake bottle and give a teaspoonful every two hours while bowels move too often.

DR. R. W. SEAY.

Lutcher, St. James Parish, La.

Therapeutics of Diarrhea.

Editor MEDICAL WORLD:—Suit the medicine to the individual, not to any pathological name.

If continued nausea and vomiting are prominent, give very small doses of ipecacuanha. Dr. Ringer writes: "The dysenteric diarrhea of children will generally yield to hourly drop-doses of ipecacuanha wine." The especial indications for this remedy are, slimy stools, green or not, and with or without blood. My experience proves ipecac as a single remedy much superior to the classical Dover's powder.

Mercury is an excellent remedy. When stools contain clear slime like the white of an egg, give corrosive sublimate. I have given it in doses ranging from $\frac{1}{64}$ to $\frac{1}{128}$ of a grain, but smaller doses cure just as promptly and with less danger to the patient. Pain when the bowels move is an additional indication for corrosive sublimate. To regulate the dose I would suggest that you make a solution in distilled water $\frac{1}{10000}$. Commence by giving a teaspoonful once an hour, lengthening the interval between the doses as the passages become less frequent.

Camphor is the nearest to a specific for cramps in the abdomen with cold

Digitized by Google

extremities. Put ten drops of the spirits of camphor into a teaspoonful of sugar and mix in four ounces of water; give one to two teaspoonfuls every fifteen minutes until relief comes, which generally comes upon the administration of the third or fourth dose. At least it has been so in my experience.

Belvue, Kan. J. S. WATT, M. D.

Summer Complaints of Children.

Editor MEDICAL WORLD:—Regarding the treatment of summer complaints of children, or cholera infantum, I will say: It requires a great deal of sound judgment and close observations of the symptoms in each individual case to treat them successfully. "Calomel and sugar of milk" will not do in every case, nor is it the proper thing to give in but a small minority of them.

The causes of the trouble may be obscure, but filthy surroundings and the extreme heat of summer are probably the most frequent causes.

The symptoms that are always present are diarrhea of more or less severity, accompanied by indigestion and a very acid condition of the system, specially the intestinal canal; also irritability of the nervous system, interfering with the heat centers and disturbing the circulation.

The general indications for treatment are, 1st, remove the cause from the patient, or the patient from the cause; 2nd, evacuate the contents of the bowels; 3rd, correct the acidity; 4th, counteract the septic condition of the bowels and of the blood if it has reached that stage; 5th, arrest irritability of the nervous system; 6th, tonic stimulation and possibly astringents; 7th, diet.

The first indication will be met, in the judgment of the physician, by using frequent baths and enemas of water two or three degrees below the temperature of the body when fever exists, and as many degrees warmer than the body when there is no fever, and all the water they want to drink if not vomited up as soon as it becomes warm in the stomach; use only water that has been recently boiled and then cooled down to the proper temperature; and for the baths and enemas use antiseptics, the *kind* will be named later on.

bowels I know of nothing better than castor oil and glycerine, equal portions, with a small dose of turpentine in the mixture; but if the bowels feel full, with a general sense of fullness of tissue, blueness of veins, pink-colored tongue with yellowish coating, give one-tenth grain of podophyllin night and morning. If the tongue is small, natural or red color, good color of lips, good circulation, urine of normal specific gravity, depositing no sediment, the skin elastic, then calomel one-twelfth grain with one grain of bicarbonate of soda night and morning, followed by the oil mixture above mentioned, if the calomel does not evacuate the bowels in due time. The above chologues or cathartics should be given until the evacuations become of a more natural color.

3rd. To correct the acidity of the intestinal canal and of the blood, take carbonate of lithium, thirty grains to water four ounces, give one teaspoonful every four or six hours; and after the bowels have been thoroughly evacuated, as much subnitrate of bismuth may be added to the above. Keep up this antacid treatment as long as there is one vestage of acidity in the discharges from the bowels, or the eructations from the stomach, or in the urine. If the patient exhibits great muscular weakness, put thirty grains of carbonate of potassium with the lithium water instead of the bismuth.

4th. The septic condition of the bowels may be met with one grain of salol every two to four hours, and if the breath or the discharges have a cadaverous smell, give carbolic acid and glycerine, equal parts, in the proportion of ten drops to four ounces of water, one teaspoonful every two or three hours until this symptom is relieved. If the tongue has a white coating, with offensive breath, pale mucous membranes, give three-grain doses of sulphite of soda every two or three hours; at the same time use twice the above quantities in the injections into the colon by putting a large male soft rubber catheter on the nozzle of a household syringe, insert the catheter from eight to twelve inches, using from a quart to a gallon of water at a time every two to six hours, letting the water come away as injected. This

Digitized by Google

signs of a typhoid condition of the blood, put ten drops of specific baptisia into four ounces of water, and give one teaspoonful every four hours.

5th. To arrest the irritability. If the tongue is red and elongated, coated at base, give specific ipeac. ten drops to four ounces water, teaspoonful every hour; if the fever is high and the pulse fast and wiry, give specific aconite one to two drops, water four ounces; one teaspoonful every hour until symptoms are removed; if the same high temperature with full strong pulse, give the specific veratrum four to ten drops, water four ounces, one teaspoonful every hour until relieved. If the eyes are bright and the face flushed, give specific gelsenium, 15 drops, water four ounces, one teaspoonful every hour until that symptom is removed. If the eyes are dull, sleepy, half open, face pale or bluish, give specific belladonna, five drops, water four ounces, one teaspoonful every three or four hours.

6th. After the bowels have been thoroughly evacuated, the patient weak, and general relaxation which may be known by a flabby condition of the system and an elongated scrotum and paleness around the mouth and sallow complexion, specific nux vomica, drops five, specific matricaria, drops twenty, water, four ounces; one teaspoonful every two hours; and if the pulse is weak and feeble, a little toddy may be given sparingly, made of blackberry wine and water of equal portions.

If there is griping or straining at stool, give camphorated tincture of opium in one or two drop doses every hour or two until relieved of that symptom. If the extremities have a tendency to become cold, give tincture camphor in three to five drop doses every hour as long as needed. If vomiting should commence at any time, put a large mustard plaster over stomach, and give the above ipecac mixture every half hour.

7th. The diet is not the least important of the treatment; until the severity of the symptoms have abated, it should consist of the mother's milk preceded by an ounce or two of sterilized water, one-fourth of which is lime water. If the mother is not in a healthy condition, or pregnant, then cow's milk sterilized by cooking (not boiling), one-fourth limewater, should be given a few spoonfuls at a time every one to two hours, given hot as can be borne. If the disease becomes semi-chronic, or after convalescence begins, then flour stuffed into a small bag, dipped into hot water, and baked for two hours, may be allowed in the milk as above; also fat bacon boiled in water with enough of raw onion juice squeezed on to flavor; or tapioca sweetened with loaf sugar; or raw white of eggs sweetened, taken at short intervals in small quantities. If at any time you have reason to believe that there is fermenting food in the stomach or bowels, give one-half to one grain of papain or caroid; either will almost instantly digest any kind of food and break up hard curds.

E. H. COWAN, M.D.

Oakalla, Texas.

Inherited Diarrhea.

Editor MEDICAL WORLD:—The articles in May and June numbers of THE WORLD are interesting to me, inasmuch as I have a number of families under my care in whom I have noticed this peculiarity. The children of these families are not descendants of soldiers, but all the members possess a nervous temperament. These families comprise about thirty members, each having, as a rule, not less than two evacuations daily, but the majority having from three to six movements of the bowels a day. I am acquainted with some twenty-five descendants of another family who are all more or less afflicted with hemorrhoids. No doubt a tendency toward this class of diseases is inherited as much as many others. Treatment must necessarily vary with individual cases. For the prevention of diarrhea, the internal use of antiseptics and the avoidance of sugar, potatoes and pastry is usually sufficient.

If "Aram," on page 253, has not tried hydrocyanate of iron (Tilden), I would advise him to do so.

For the good of the public, especially the middle and lower classes, let us have postal telegraphs and postal savings banks.

LOUIS J. PONS, M. D.

Roxbury, Conn.

Digitized by Google

The Ethics and Amenities of Consultations.

Editor MEDICAL WORLD:—There are few physicians who do not at some time meet others in consultation, either by being called as counsel, or having another called in whose presence is for some reason desired.

The doctor himself may wish the advice of some one of greater experience and wider opportunities than his—some one who perhaps has made a special study of the disease under consideration. He may require the aid of some one skilled and fitted by special practice to perform delicate manipulations. He may desire to divide with another the responsibility, and thus protect himself in some of those delicate cases that arise, when questionable abortions and constructive malpraxis need to be circumspectly dealt with.

On the other hand, the family and friends of the patient, even though they may have entire confidence in the attending physician, many wish to be satisfied that everything possible has been done to save life, and the most assuring thing they know of is to have a council of physicians.

The primary purpose of a consultation should be the interests and welfare of the patient. The end in view is, that from the aggregate knowledge, wisdom, experience and skill of the consultants, the patient shall receive the very best available treatment.

So far as harmonious action is concerned, it matters little who the consultants may be if they are but gentlemen in the true sense of the word. It matters little whether they belong to the same or to different schools of practice; whether they be eminent professors in reputable medical colleges, or country practitioners whose extended rides and varied work allow them but limited time for reading, but abundant scope for observation and thought. If all be actuated by correct motives and high principles, such meeting will be both pacific and profitable.

We occasionally hear complaints of unfairness, not to say positive discourtesy and downright meanness in consultations. There are, and always will be, men in the medical profession, grasping, selfish, wanting in good breeding and indifferent to the rights of others. Some are densely ignorant of the courtesies and amenities that belong to good society. It will be noticed that the more eminent the consultant, the less likely is he to disregard in any particular the unwritten code that governs polite intercourse. I have heard of consultants who but thinly disguised their willingness to supplant the attending physician.

No written code of ethics can restrain such, or teach them how they should regulate their conduct. No formal rules can bind them. They are the pachyderms, oblivious to the "slings and arrows" of an enlightened conscience.

The Golden Rule is broad enough and concise enough to cover all cases.

Specifically, the consultant should place himself in direct communication with the attending physician, and all suggestions respecting diagnosis, and treatment should be made to him alone, and solely for his guidance. Neither directly nor indirectly should anything be said or done to impair the confidence of the patient and family in the attending physician. The consultant should have little to say to the friends of the patient—nothing, in fact, except in the presence of the attendant.

There is usually a manifest desire on the part of the family to get the consultant apart by himself for a private interview, and very frequently they seem to expect him to tell them in confidence something by way of criticism or dissent—something different from the general conclusions of the consultation. Here one should be on his guard. Especially is this the case if at some former time he has been physician to the family, for the former intimacy is more likely to lead to unguarded, perhaps damaging concessions.

Just at this point is where the tricky consultant is likely to get in his fine work. By innuendo, by protesting that he does not wish to say anything about the management of the case. On the whole, he thinks the "doctor" is doing very well—that is——," etc. It is not in the words alone, but the manner of expression, that tends to create uneasiness and undermine confidence.

Personally, I have had little cause for

Digitized by Google

complaint. It has generally been my fortune to meet only courteous, considerate medical men. Recently, however, I had a little experience of the milder sort that was just a little "off color;" and was the occasion of these reflections.

I was called somewhat out of my usual field to attend a case of diphtheria, in a boy 10 years old. The disease had already been running five days. Its ravages were chiefly in the nasal passages, with characteristic offensive discharges, repeated epistaxis, swelling of the cervical glands, high temperature and delirium. These latter symptoms were rather unusual for diphtheria. I took a culture at once, and without waiting for bacterial confirmation gave an injection of antitoxin. The culture confirmed the clinical diagnosis.

On the 2d day—7th day of the disease—the boy developed a well marked scarlatinal rash. There had been two recent unrecognized cases of scarlatina in the family, one child at this time being in the stage of disquamation, the other suffering from adenitis and double otitis.

On the 3d day the family expressed a desire to have called in consultation a rising young doctor of their own nationality, who had some backing in that particular neighborhood. Enlisted in his interest were a church, two drug stores and a number of liquor saloons. To keep in the good graces of their neighbors, and avoid the "speech of people," it was to their interest that the young doctor should be recognized.

Of course, I agreed to the consultation. The young man graciously confirmed my diagnosis—already confirmed by cultures at the Hoagland laboratory—damned my treatment with formal praise, and openly suggested some radical changes and additions to what I was already doing. All this, mind you, in the presence of the family, part of it in reality *to* the family, and in a tongue that I was not supposed to understand.

Now, I am quite positive in my views as to how diphtheria should be treated, and am decidly averse to many procedures that I know to be fussy, annoying and useless, and on the whole, posi-

conceive to be greatly overtreated—detrimentally so—in the nervous anxiety to be doing something.

When, therefore, he essayed to give me positive directions concerning the details of treatment, the spirit of my Revolutionary forefathers within me rebelled, and my usually honeyed tongue roused to the occasion. No stenographer being present, I cannot give a literal report of what I said on the occasion. You may imagine, however, that my views were set forth substantially as follows:

"I am very much obliged to you sir, for your valuable advice, the result of your long and varied experience (one and one-half years), which, doubtless, fits you for a reliable counsellor and guide. You were called into this case, not because of what you were presumed to know of medicine, but for reasons social and political. It is to be regretted that your alma mater has no professor whose duty it is to give instruction in the ethics and amenities of consultations. It is to be hoped that when you are somewhat older, you will also be wiser, possibly more considerate of what belongs to the decencies of intercourse between physicians.

"As I happen to be in charge of this case, I am responsible for the proper treatment of the patient. When you have said your say, your responsibility ends.

"As for myself, I am personally familiar with the various methods of treatment in vogue during the last 25 years. I am conversant with the best of recent writings, and the conclusions of the ablest men upon the subject. Even so long ago as the time when your chief garments were pinafores and diapers, and your strong meat was pap, I was dealing with diphtheria. While I will listen respectfully to suggestions made in a proper spirit, I will take no directions from any one. Being in charge of this case, I shall treat it just as I think best, and I take the responsibility."

This much and more I *might* have said, *but I did no such thing.* I formally thanked him for his interest in the case. and proceeded to treat it just as I pleased. I decline to take any part in proverbial doctor's quarrels, and it is not my busi-

every fledgling I meet. If contact with the world fails to knock of his rough corners, he may be considered unteachable.

I give this narrative in the belief that there may be another doctor—young or old—somewhere, who needs to hear such truths, and who would be wise to act upon them in his intercourse with other members of the profession.

BENJ. EDSON, M.D.
83 St. Mark's Ave., Brooklyn, N. Y.

Remarkable Gunshot Wound.

Editor MEDICAL WORLD:—I was called upon by the Coroner to make a post-mortem examination of the body of a man found murdered near his cabin, a short distance from this city. The cause of death was a gunshot wound. The ball entered the chest on the right mammary line midway between the nipple and the clavicle. It went through the skin, fractured the right fourth costal cartilage, passed through the external left border of the right lung, pierced the pericardium, went through the right auricle of the heart, downward through the diaphragm, through the border of the left lobe of the liver, entirely through the stomach, through a convolution of the small intestine, downward through the left ilium, and was found in the gluteal muscle of the left thigh.

The body was found lying in a mining tunnel a short distance from his cabin. It had evidently been carried there after the deed was done. How did the assassin stand relatively to the victim in order to fire a shot which took this direction? The Coroner's inquest developed no clew to the murderer.

J. S. HAMMOND, M. D.
Butte, Mon.

Ten Years of Dosimetric Practice.

Abortion of Whooping Cough.

(CONTINUED)

Editor MEDICAL WORLD:—As I said in my last paper, I failed to cure the two cases of whooping cough, because I was ignorant of the nature of this important disease, though I had then been in practice thirty years and had seen hundreds of cases, and carried my own children safely through their attacks of it, yet I had never treated a case, or, in fact, ever given the malady much serious thought. Why? Because the schools taught that it was a "cyclic" disease, having a certain course to run which medicine was powerless to shorten; that every child should have it, the sooner the better as it was milder in children at the breast, and there was but little danger in it as a rule. These antiquated ideas are still accepted by the laity as true, and assented to by the profession generally. What a comment upon the progress of medical science at the close of this century so replete with new discoveries and advancements along every line of human thought and study.

Another reason for my failure was, I had not learned the true value, or how to use properly Burggraeve's parasiticide *par excellence*, sulphide of calcium, and was too timid in the administration of his powerful nervous incitants, antispasmodics, sedatives and anodynes; besides this, the children were in the third week of the disease and greatest intensity of the spasmodic stage, too late to abort or jugulate, and I was dismissed before I had time to modify even the intensity of the paroxyisms of whooping, which so distressed and alarmed the mother.

I have been studying this disease ever since, but must confess I know but little more about the nature and cause of it than I did then; but I have had no more trouble about managing it, and have found it to be one of the easiest of all the old cyclic diseases to abort or jugulate when treated early enough.

It is generally classed by the old medcial authors among the catarrhal affections, yet its characteristic features and phenomena are so peculiar as to easily distinguish it from all other affections of that class, and to cause the investigator to doubt the propriety of the classification.

After the so-called catarrhal stage has lasted from ten days to two weeks, with its peculiar short, rapid, expiratory cough, the second or spasmodic stage is ushered in with that peculiar shrill, stridulous cough that gives to pertussis its popular name of whooping cough. This results from the expiratory cough

Digitized by Google

becoming so rapid that no inspirations can intervene till the patient, almost exhausted, appears about to suffocate, when a long-drawn inspiration begins, interrupted and rendered difficult by the spasmodic partial closure, or narrowing of the rima glottidis, producing that shrill, crowing, stridulous cough so distressing to hear. Occasionally the spasmodic closure of the glottis is complete and death ensues suddenly from asphyxia.

It is evidently a contagious disease, and while usually prevailing epidemically, it does not infect the entire atmosphere as does the cause of la grippe, but requires that an unprotected party must come in contact with one affected with the disease, as is the case with small-pox. Yet with all the evidence in favor of a germ or microbe as the cause, I am inclined to think it properly belongs to the neuroses, and is the result of an irritation, *not inflammatory*, of the pneumogastric nerve generally, which is caused by enlargement of the glands lying in the course of that nerve near the trachea. What causes this glandular enlargement I am unable to say, but it is to be found in all cases of the disease, with only rare exception; possibly it may be due to a specific animal poison similar to that which causes mumps and some other glandular diseases.

But I must not combat too strongly the microbe theory of the origin of the malady, for since that ignoble failure to cure or even modify those two cases, calcium sulphide has been my "cheval de battaile" in jugulating it, though given empirically, or solely upon the evidence of Dr. Burggraeve and his European followers; but I doubt if it would be effectual without the aid of those active nerve modifiers I use in connection with it. One thing is sure, I have never been able to detect any inflammation in the mucous membrane of the larynx, trachea, bronchi or air cells, the natural seat of the disease apparently, in any case I have examined; and I have observed that when those terrible paroxysms of coughing are over, the child, though a little fatigued, is as gay and lively as if nothing was the matter, and the normal lar breathing can be heard in every part of the lungs.

No doubt inflammation occurs in cases which have run into the third or complicated stage, but I have treated dozens of cases dosimetrically and have fortunately been able to cut it short before reaching that stage, and generally before the second stage, when called early enough; and yet there are thousands of intelligent physicians, even at this day, who scout the idea of jugulation in any disease, as did the renowned French Academy in 1883, but who three years later were compelled reluctantly to admit its possibility, even in that noted "cyclic" disease, typhoid fever. In the language of a noted Texas politician, I ask: "What are we here for?" Surely if we have not learned to abort, jugulate or cure diseases, we are not giving a quid pro quo, but are deceiving and robbing the people and are a set of useless quacks and humbugs.

I know the scoffers and opponents of alkaloidal therapeutics will cry out that my cases were not pertussis, but simple catarrh, as did a physician a short time ago upon being shown my article on slow fever, say, "Jugulation is an impossibility; his cases were not genuine typho-malarial, or slow fever, as this one is which I am treating," then in its eighth week, and which a few days later was proven to be a low, nervous, irritative fever, resulting from an old traumatism, and in no sense or way related to what is known as idiopathic fever! None so blind as those who will not see. Jugulation is no longer a theory or experiment, but an established fact, attested to and being accomplished daily by intelligent physicians in every civilized nation, and the man who rejects it at this day should be accounted "a back number," not worthy to be trusted with the sacred responsibilities of the true physician. "Why, I was taught it forty-one years ago: "strangulation of disease," Prof. L. D. Ford termed it, but I found it truly a task, and, indeed, almost an impossibility with the agents furnished by pharmacy then, but with the "arms of precision" created by the demands of dosimetry, it can be accomplished in all acute maladies "cito, tuto et jucunde."

which is very simple; in fact, simplicity is a characteristic feature of every step in dosimetry, and, as one of its early advocates said, "perfection is synonomous with simplicity in jugulative medication."

The two most important indications are: First, the early and complete saturation of the patient's body with sulphide of calcium, which is evidenced by the odor of sulphuretted hydrogen exhaled through the pores of the skin and respiratory passages. This agent can be given boldly and without fear, for I have never seen or heard of any ill effects produced by it, every half hour, hour or two hours, according to the stage and urgency of the case, in the dose of from one to three centigrammes, till saturation, which should be maintained several days or till evident improvement. Second, the production of a gentle, barely perceptible, but *continuous* physiological effect of belladonna, by giving the sulphate of atropine in minute doses, $\frac{1}{3000}$ to $\frac{1}{1800}$, repeated often enough to secure this effect. The foregoing constitutes the dominant treatment (except in cases in which fever occurs when the defervescents are added), and if instituted within the first ten days, or during the catarrhal stage, it unfailingly cuts short the disease and prevents the supervention of the paroxysmal stage.

The variant treatment consists of remedies to palliate the cough, sustain the vital powers and calm nervous irritation. I have found iodoform and cicutine to fulfil the first and third of these indications better and more satisfactorily than any other therapeutic agents. Of these I direct a granule each to be masticated or dissolved on the tongue and swallowed slowly without water every twenty or thirty minutes, until the effect is obtained. When the cough is dry, a granule of emetine is given every hour or two, though this is seldom necessary on account of the action of calcium sulphide in increasing mucous secretion, thus rendering expectoration easier. To maintain the vital powers, a granule each of brucine and arsenite of quinine are given three or four times a day. To prevent or control the spasms of the larynx or stomach, a granule of hyosciamine is given occasionally, but it must be kept in mind with atropine, and its administration be guarded for fear of too great physiological effect.

I had great trouble in graduating the effect of these agents, and alarmed every mother to whose child I gave them while using the Chauteaud granules, for I found them too powerful, even for most adults, to obtain and control their physiological effects in strict accordance with the dosimetric idea of the proper therapeutic action of remedies; but with the Abbott granule of two sizes, gr. $\frac{1}{300}$ and $\frac{1}{180}$, it is easy to produce the exact effect desired, and it is important that this effect be maintained in this disease till it is conquered.

In 1895 I treated six cases in a densely populated locality where all the children were afflicted with this disease, and these cases were surrounded on all sides and played daily with them. They, too, were attacked with a cough just like those with the fully developed disease had been, and I was called at once.

I instituted the treatment outlined above which was faithfully carried out, and in ten days they were all perfectly well, while in the neighbors' children the disease was permitted to run its usual course, lasting from three weeks to two months.

I know it will be objected that there is no positive proof that these cases had whooping cough, but I reply that they had never had the disease before and have been exposed since without taking it; besides I claim to be able to make a differential diagnosis between pertussis and ordinary catarrh, for it has, as every *specific* disease has, features and phenomena so peculiarly its own that the experienced observer is enabled to easily recognize it.

But I am making this paper too long; my excuse is my enthusiasm for the prevention and jugulation of disease.

(*To be continued.*)

W. L. COLEMAN, M.D.
Navasota, Texas.

[Unfortunately this comes out of season. Make a memorandum on your calendar to reread this article about the middle of November, or make a note in your note book regarding this article when you have the next case of whoop-

That Twelve Months' Pregnancy.

Editor MEDICAL WORLD:—I wish to thank Drs. Waugh and Lockhart for their just and reasonable criticism of my article entitled, "One Year Pregnant," which was published in the March WORLD.

The signs, symptoms and steady advancement of pregnancy were so clear and positive to my mind, that in presenting the case I overlooked the fact that those who saw not must have all of the evidence known to medical science to establish in their minds the accuracy of the diagnosis. I, therefore, plead guilty to the "sin of omission" in not giving all of the evidence procurable, and ask the Editor's pardon for having to present a second paper when one should have done.

I regret using the term menstruation in my first article, there being no natural menstruation. There were hemorrhages in February and March, such as is observed during threatened abortion.

In answer to some of Dr. Waugh's interrogations, I wish to state that the violet discoloration of the vagina, the softness of the uterine os, the rounding and enlargement of the uterine body, were physical signs considered in arriving at a diagnosis. I did not, however, perform ballottement, nor did I auscultate the abdomen for placental bruit or fetal heart beat. Had I anticipated an unusual termination of pregnancy, every test known to be of value in establishing a positive diagnosis would have been employed.

Without wishing to reflect upon Dr. Lockhart's criticism, I must say that he rather jumped at conclusions in this case. When I was taken sick in September, just at the expiration of term, the physician who was called to attend Mrs. R. made an examination and informed the patient that her womb was very low in the pelvis, and the mouth dilated to the size of a quarter of a dollar. As time wore on, the womb, growing larger and larger from its contents of gestation, gradually lifted itself out of the pelvic cavity, so that when labor was induced, I found the os high up.

The advanced development of the child, especially the nails, preclude the possibility of it being but eight months in utero.

In conclusion, I wish to state that Dr. P. G. Cornish, Chief Surgeon of the Atlantic & Pacific Railway, with headquarters at Albuquerque, New Mexico, was called in consultation and pronounced the child long over-due.

P. A. MELICK, M.D.

Williams, Arizona.

Antitoxin Dosage.

Editor MEDICAL WORLD:—In a malignant case of diphtheria, how much antitoxin should be administered, and how soon should the dose be repeated? Recently I assisted in treating the first case with antitoxin and will thank you for an early reply.

W. S. CLINE, M. D.

Woodstock, Va.

[This was submitted to Dr. J. R. Johns, of this city, who has given much attention to the subject of antitoxin, and replies as follows:—Ed.]

It is to be noted that as diphtheria antitoxin is more and more generally employed, and its best results studied, larger doses are recommended, and the interval in repetition shortened. An examination of the report of the American Pediatric Association made last summer as compared with the report made recently shows the progress made in this direction. The same change is noted in all hospital reports and in the reports of many physicians in private practice.

The best recommendations respecting the product to be selected, the dose and the repetition, are the following: Select a thoroughly reliable product, one that is fresh and known to contain the number of antitoxin units stated upon the label in the smallest quantity of serum. In other terms, select a reliable concentrated antitoxin. In an ordinary case, or any case of pharyngeal type seen early, administer 1,000 units. If the case is malignant, or laryngeal in type, or treatment is begun late, give 2,000 units. Repeat the dose in 10 or 12 hours, if the desired results do not follow. It is in these cases that antitoxin most frequently fails solely because sufficiently large doses are not given. The failure in this respect is

Digitized by Google

promptly followed by death directly in proportion to the degree in which the aggregate number of units injected is deficient, and the length of the interval between the injections.

If the severity of the case is such that 1,000 units are deemed insufficient, the minimum dose should always be 2,000 units. Some physicians prefer to give as high as 3,000 or 4,000 units in severe cases for the initial dose. As a given quantity of an acid will neutralize a fixed quantity of an alkali, so a given quantity of antitoxin will neutralize a definite quantity of toxin. The unneutralized toxin is still active and continues to threaten the life of the victim. The full and complete effects of a dose of antitoxin are had upon absorption of the serum and within ten hours. If, therefore, after ten hours the indications are that the disease is not fully under control, the dose should be repeated, or in very grave cases double the initial dose administered. In all cases treated late, the condition of the heart must be closely watched, and strychnine or stimulants with nutritious food systematically administered. Here the heart-muscle is frequently seriously impaired, so that the patient is threatened with cardiac paralysis.

The full effects of a dose of antitoxin are shown by an amelioration of all the symptoms and a marked change in the clinical aspect of the false membrane. The disease is arrested, the patient expresses himself as feeling much better, the pulse is quieted and the fever calmed. All this is followed by retraction of the membrane and expectoration, and rapid convalescence.

Antitoxin in Diphtheria.

Editor MEDICAL WORLD:—I wish to compliment Dr. Lockhart on the scientific manner in which he studies a subject. I admit all that the Doctor quotes from the bacteriologist, but let us go a step farther than the laboratory and to the bedside.

The bacteriologist admits that four days are necessary to prove the virulence of the bacilli, because he must wait until the animal is dead before he can demonstrate that the Klebs-Löeffler bacillus again and therefore tells you that if you find the Klebs-Löeffler bacillus in a case of sore throat you have true diptheria. If you find no Klebs-Löeffler bacilli it is not diptheria. My method of cultivation enables us to ascertain early. If the bacillus be found in a healthy throat it is logical to suppose it is not virulent because it has produced no symptoms. But if we see all the symptoms and find the bacillus, it is also logical to suppose it is a *virulent* bacillus. The bacteriologist gives us the key to the problem of accurate diagnosis.

Many persons and animals are immune to certain diseases. The bacteriologists have found that the cause or condition that produces that natural immunity is what they term an antitoxin in the blood. Further they have produced and maintained in animals a greater immunity by injecting various amounts of the toxin poison generated by the bacillus. They have also taken this antitoxin from the animal and injected it into other animals and also persons, and have produced and maintained an immunity, and have cured disease because it neutralized or disposed of the cause of the disease. Accidents have been reported where it was injected into individuals, and all I can say is that there has been a blunder somewhere in these instances.

I believe it possible for persons living in an atmosphere of filthiness to absorb enough poison to neutralize or destroy the something now called antitoxin, that gives natural immunity. Sewer gas is loaded with germs and destroys or devitalizes the natural antitoxin in those who inhale it. If there are no germs, then is our vigorous antiseptic and germicidal treatment in surgery, obstetrics and gynecology all wrong and useless. We find a lower mortality under this treatment than under former procedures.

A. J. HUNT, M.D.
Hamilton Square, N. J.

Veratrum in Strychnia Poisoning.

Editor MEDICAL WORLD:—I notice an article in the June number of your valuable journal, from the pen of Dr. McDavitt of Quincy, Ills., relating an

poisoning, in which a full dose of veratrum viride was successfully used as an antidote.

Concluding his article the Doctor seems to intimate that the idea was original; at least the question asked, "is veratrum viride an antidote for strychnia?" would lead his readers to believe that he had no knowledge of its curative effect in such cases. While the Doctor's case adds valuable testimony in favor of the controlling influence of the drug, in full doses, in such cases, he can hardly expect to claim that he has made a great discovery, since veratrum has been successfully used as an antidote for strychnia poisoning for twenty years or more.

Witness what Burt, in his "Physiological Materia Medica" (Homeopathic, third edition, 1883), says of veratrum veride as an antidote to strychnia:

"The striped muscular fibres of animal life lose their power of contractility and are powerfully prostrated. This muscular prostration is due to the paralyzing influence the remedy has upon the functions of the cerebellum and anterio-lateral portion of the spinal cord. My experience upon animals were too short to produce much structural change in the spinal cord; but I regret it was not examined by the microscope. I hope some one will finish what I have neglected. No remedy produces greater relaxation and prostration of the whole muscular system. In half an hour the animal would be completely prostrated and not able to move a limb, remaining in any position in which it was placed. I would call the particular attention of the profession to the *complete prostration* and *relaxation* of the whole muscular system.

"It acts upon the same gray matter of the cord that strychnia does, affecting the cells, however, in a manner directly *opposite* to that of strychnia; for strychnia *excites*, while veratrum viride *prostrates*. I believe no known drug, when given in lethal doses, is equal to veratrum viride as an antidote for strychnia; and I have the pleasure to know that I have saved one human life from death by strychnia through the antidotal powers of this drug." The above extract from Burt fully answers the Doctor's question and places credit where it properly belongs.

Concluding this letter, I would suggest that those of your readers who are not averse to homeopathic literature, can learn many valuable facts concerning the physiological and therapeutic effects of veratum viride, and many other drugs, from a perusal of Dr. Burt's works.

Dallas, Texas. DR. T. J. CROWE.

Evils of Tobacco.

To the Editor of THE MEDICAL WORLD:—It surprises me to read an article in the June WORLD, advocating tobacco as a prophylactic in consumption, "because a drop destroys a beetle in a short time."

It is well known that tobacco is a poisonous narcotic. It kills reptiles of all kinds. "Hottentots employ it for this purpose." Tobacco also kills men and boys faster than all the diseases of mankind combined; produces more consumption in the youth of this country than all other causes. Look at the weak, lank, sickly, anemic consumptive youth and boys, quidding and smoking tobacco, cigars, pipes, cigarettes; while cycling for health, they are forcing the poison deeper into their lungs, destroying the very function of respiration so necessary to health, and continually inducing progressive blood poisoning.

Hundreds of tobacco poisoning cases are classified as consumption, in order to shield the feelings of the family of the victim.

Corrosive sublimate, prussic acid, carbolic acid, cyanide of potassa, atropine, strychnine, and a host of other substances are all germicides. They are likewise poisons. Would any argue that to habitually use them would be advantageous or healthful? They all kill. So do tobacco, cocaine and all narcotics.

That they are all useful, when administered by the skilled and educated to alleviate the sufferings of mankind, is true; but they are all poisonous. That they destroy both mind and body when habitually used or abused, is equally true. They should be used only for medicine when necessity requires.

The tobacco habit to-day is the starting point for all injurious and pernicious habits; causing more sickness, more disease, more insanity, more dissipation,

more over-indulgence, is the forerunner of every other vice, directly leading to more criminality than all other causes combined. Physicians who thoroughly and honestly investigate the subject cannot help coming to this conclusion.

From one to three drops of the oil of tobacco, or one-eighth to one-quarter of a grain of nicotine, will kill any man living, if so used that the poison is absorbed.

A. B. WHITNEY, M.D.

148 W. 77th St., New York, N. Y.

[Dr. Sneed did not advocate the use of tobacco, but merely gave his observations and impressions.—ED.]

Acute Suppurative Hepatitis. Death.

Editor MEDICAL WORLD:—All physicians, howsoever much experienced, recognize the difficulty of diagnosing abdominal enlargements to the exclusion of all elements of doubt. This difficulty is measurably increased if there be so much tenderness that even the most careful manipulation is provocative of unbearable pain. Such difficulties were encountered in the following case, which is related more as a possible help to the less experienced members of THE WORLD family than as being something unique and out of the ordinary. Still some authors class it among the comparatively rare affections of females. Then, too, the fact that I was enabled to fully verify the diagnosis by an autopsy brings out in bolder relief the diagnostic points involved in the case.

The patient was a female, aged 46 years, but she had not passed through the menopause. She was the mother of three children, the youngest of whom is 13 years old. She had been sick five or six weeks and under the care of another physician when I was called, April 1st, to take charge of her case. She lived until April 30th.

There was great enlargement in the right hypochondrium and extending over beyond the mesial line and also extending down into the right lumbar region. There was no tumefaction, nor pain on deep pressure at McBurney's point. The abdomen elsewhere was not distended.

This enlargement was very noticeable to the eye, especially over the epigastrium, and was extremely sensitive to touch. There was dullness on percussion and pulmonary auscultation showed no lesion above the diaphragm. There was a very moderate icteroid hue of the skin, but patient was of a bilious temperament, and, as long as I had known her, 15 years, she had a sallow, muddy complexion. The tongue was strikingly clean, nearly normal, during the entire sickness, and the mental faculties were remarkably clear and acute to the very last breath.

Until the last two weeks of her sickness there were recurring chills followed by fever and sweating; but finally the treatment seemed to overcome these symptoms with the exception of the last. The temperature did not rise above 103°.

For a week after I was called the pain in the hepatic region was of a most intense, stabbing, and lancinating character, and prevented all movements. Even the breathing was short, jerky and suppressed as in acute pleurisy. After this the pain was less acute and of a dull aching character.

Then the stomach became involved—pain, nausea, vomiting—nothing seemed to control it, and toward the last this gave more distress than the liver trouble. A great part of the medicine and nourishment was given per rectum.

Urinalysis showed the urine to be heavily loaded with bile pigment. A piece of white paper wet with the urine and allowed to dry became very much tinged of a pinkish yellow color.

My diagnosis was hepatitis and perihepatitis, with consequent enlargement, and suppuration a probable termination. Dr. E. M. Whitten, of Nebraska City, one of the leading physicians of this State, was called in consultation and fully concurred in the diagnosis and treatment. I held an autopsy 24 hours after death, with the assistance of another physician. Rigor mortis present to some degree, body very much emaciated. There had been enough general peritonitis to agglutinate the peritoneum to the walls of the abdomen. This may have taken place years before, but it probably occurred during the last sickness, though the symptoms pointing thereto were ill defined. The liver, anteriorly, later-

Digitized by Google

ally, and posteriorly, was adhered to the abdominal and thoracic parietes. In separating it the sensation given to my hand was as if peeling paper from the wall. It weighed six pounds. Here and there on its surface were yellowish patches varying in size from a twenty-five cent piece to a fifty cent piece. When these patches were cut into, a pus cavity, with cheesy, villous-like walls, was found. In cutting into the deeper parts of the right lobe large quantities of thick bloody pus were found, and at other places, pus of a thick, creamy character without blood admixture. The major part of the liver when cut into was normal in color and texture. The gall bladder contained about one ounce of bile—no concretions. The stomach was reduced in size and abnormally pushed to the left. It simply showed evidences of gastritis. The pancreas and spleen were normal in size and general appearance.

This was the extent of the examination I was permitted to make, but, in my judgment, it fully and clearly established the correctness of the diagnosis made. L. B. ALLEN, M. D.

Humboldt, Neb.

Sulphide of Calcium.

Editor MEDICAL WORLD:—The last two decades have been so prolific in new remedies, and so many new combinations have been projected by enterprising companies, that when all these are added to the vast array which preceded them, we may well stand aghast at the idea of making the proper selection in a given case. And the end is not yet, for they still come by almost every mail. This is naturally quite confusing to the doctor. If he gives any heed to them they keep him in a state of experimentation, and that possibly to the detriment of his patients' best interests. We hesitate about throwing them into the waste basket, not knowing but they may possess merits beyond other remedies of their class.

Some means should be adopted, if possible, by which a concensus of opinion, based on actual use by men of cool, unbiased and competent judgment, may be arrived at, and each new candidate for public favor may be thus weighed in the balances, and those which are found wanting in true merit promptly shelved and forgotten.

We can't rely on the numerous certificates furnished by the proprietors, for they are ex parte, and make no mention of the failures or the objections which experience in their use may suggest. Just what the best means may be I don't know, but the best remedy which has suggested itself to me lies in those conscientious medical journals which labor for truth, and are not swerved therefrom by the allurements of the advertiser.

This leads up to the consideration of the sulphide of calcium, or more properly, sulphurated calcium. All the older works on therapeutics make no mention of it, and the later ones are very scant in their allusions to it. It has been lauded by some as the most reliable remedy for the control of suppurations, and the correction of the tendency towards the development of boils, abscesses, etc. If this claim can be substantiated, it certainly fulfills a most important function, and becomes a priceless remedy. The question is, has it a decided influence along that line? How are we to ascertain at once, without awaiting the slow process of each one finding out for himself.

If those persons who have used it extensively would give a faithful chronicle of their observation in its use—"nothing extenuating, nor aught set down in malice"—and the editor would kindly arrange their salient points in a sort of symposium, so as not to occupy too much of his valuable space, we could form something of a correct idea as to its merits in two months, in place of waiting ten years, as we would have to do if we depended on our individual use of it.

I have thought I got satisfactory results in aborting crops of boils from its use in some instances, while in others it apparently had no effect. This was in doses of one-sixth of a grain every three hours. I once used it in rather heroic doses of one-half grain every hour for two or three days, but it evidently disagreed with the stomach and produced such a degree of flatulence that it had to be abandoned. Whether this is its usual effect or not I don't know.

It is desirable to know all the effects it

Digitized by Google

has been observed to have in the various diseases in which it has been used, favorable and unfavorable; what are its average doses, what are its toxic symptoms and effects, what are its antagonists and incompatibles, and with what it is synergistic.

If each number of THE WORLD had such a symposium on one of the newer remedies whose properties had not been definitely determined, such feature would enhance the value of the volumes very much. D. G. SIMMONS, M. D.

Adairville, Ky.

[We would be pleased to publish a symposium such as the Doctor suggests. As you know, THE WORLD is the medium of exchange of views and experiences among the working members of the profession—those hard at work in the ranks. If you want the aid of your busy brothers, you must be willing to stop occasionally, however busy you may be, and jot down your observations for the benefit of the brethren who serve you so well.—Ed.]

Several Things.

Membranous Croup.

Editor MEDICAL WORLD:—

If Dr. Henry, of Camden, N. J., will use a good preparation of antitoxin in his cases of membranous croup, he will score more successes in the future than he has in the past. Like himself, I tried to believe that membranous croup and diphtheria were two distinct diseases. I have changed my mind. During the past 33 years I have seen a good many cases of what was called membranous croup, and but one of the entire number recovered. The treatment in that case was small doses of tincture of aconite and the vapor of lime. The Indiana State Board of Health require physicians to report cases of membranous croup, and take the same precautions they do in diphtheria.

Death in Childbirth.

Prof. Parvin may be right about the cause of death in Dr. Harrington's case, reported in THE MEDICAL WORLD for June, but had I been in the Doctor's place, I would have omitted the douche of the uterine cavity. In such a case it would drive infection ahead of it and spread it. It would do exactly what he did not want done—*increase the danger.* High authorities recommend it in every case of confinement, and it is reechoed by lesser lights. Nature has provided two douches for the uterus in every case of confinement. The first is the amniotic fluid and the other is the blood. Brethren, keep your hands clean and give every woman you deliver two or three grain doses of chlorate of potassium every three hours for five days after delivery, and you need not fear septic poisoning.

Anesthetics in Labor.

Yes, give chloroform in every case in which the pain is severe. I do, if the women are the kind who do not love to suffer.

Tobacco.

The idea that tobacco prevents tuberculosis is a new one. The doctor may be right, but its use is a filthy habit. The Doctor's idea is the best excuse for the use of tobacco I have ever heard.

Dr. J. W. Lockhart.

The Doctor is a voluminous writer and says some sharp things; but I think he champions the wrong side of more questions than any man I read after.

I. B. WASHBURN, M. D.

Rensselaer, Ind.

To Prevent Post Partum Hemorrhage.

Editor MEDICAL WORLD:—In your issue for May, 1897, Dr. J. A. Hershey asks for a line of treatment for women subject to post partum hemorrhage. If he tries giving three drops of liq. strychnia three times daily for six weeks before expected confinement, he will not be disappointed at the result.

Yonkers, N. Y. J. L. P.

Convenient and Inexpensive Suppositories.

Editor MEDICAL WORLD:—I have just hit upon what I consider a new idea in the way of handy suppositories, and thinking it might be of some value to some of the readers of THE MEDICAL WORLD, I write you. In vaginal and many uterine disorders, I prefer to use suppositories in place of a douche or wash, because I think it more cleanly, convenient and less trouble to the patient, although I think it well to have the

Digitized by Google

syringe and occasionally to wash out the cavity of the vagina. After labor or abortion, and in many uterine and vaginal complaints it is often desirable to use the various medicaments in direct contact with these parts.

The ordinary suppository, a very useful and potent article, made with cocoa butter, has to be melted, moulded and cooled, which takes much time and labor, besides expense. The usual price of vaginal suppositories is from 60 cents to $1.25 a dozen. Having had occasion to order a great many suppositories in some of my recent cases, and patients noting that in addition to the other medicines prescribed the cost of the suppositories was quite an item of expense, I began to think about devising a less expensive and more handy method. My first idea was to fill a large gelatine capsule with grated cocoa butter and the medicament, but the question of solubility arose and I thought I had better try it before ordering many of them. I procured a few of Parke, Davis & Co's. extra sized empty capsules, No. 12, with a capacity of two drachms. I then had some cocoa butter grated and half filled the capsules with it first, and then in the centre I put ten grains of iodoform, and then packed with the cocoa butter. I had a few made in this same manner with three drops each of carbolic acid, and some with boracic acid. I then had two of my patients try them as to solubility, etc., aud they each reported that they dissolved in about ten minutes.

My druggist sent to P. D. & Co. and got a supply of one dozen boxes containing ten capsules each at a comparatively small cost, and I find them handy as well as cheap, and they can be made up fresh and with whatever formula the physician may direct.

I have known drug clerks, in making suppositories, to add yellow wax and paraffine to the cocoa butter to hurry things up and make the suppositories hard; but with such additions they are very slow to dissolve and sometimes useless, being insoluble, but to the eye an elegant preparation.

The cost, to many, is quite an item these hard times.

I think the new way would be a ready and useful means for the rural practitioner, as well as those who desire to make their own, at a smaller cost than any other method, and with that thought in mind I pen these lines.

G. W. HENRY, M. D.

Camden, N. J.

Pruritus Ani.

Editor MEDICAL WORLD:—On page 252, Doctor Everts' prescription of citrine ointment, for pruritus ani, is a good one, and for 20 years was my chief reliance in this disease. But when the itching is simply intolerable, as many of these cases are, I find resinol ointment *far superior*. Our rectal brethren can relieve patients after examination of much of that "broke up feeling" with this agent.

J. H. BRILL, M. D.

608 N. New Jersey st., Indianapolis, Ind.

Veratrum Viride Hypodermically in Puerperal Ecclampsia.

Editor MEDICAL WORLD:—In a recent case of puerperal convulsions immediately following delivery in a healthy primipara, aged 26, with no previous history of albuminuria or dropsy, the coma was so profound during the intervals of spasm that no medicine could be introduced into the stomach. Consequently, hypodermic injections of fluid extract of veratrum viride (Merrell's) were given in five drop doses undiluted, every half-hour till fifteen drops had been given.

The pulse dropped to 50, which before had been 100 and hard; excessive vomiting, great prostration and profuse perspiration followed, but no more convulsions; and the woman made a good and quick recovery.

My only reason for reporting this case is to call attention to the excessive dosage and the manner in which the remedy was used. I am not aware that fluid extract of veratrum viride has before been used hypodermically, or used in such large doses—fifteen drops within an hour—equal, according to the manufacturer's formula, to sixty drops of Norwood's tincture.

The patient had three frightful convulsions within the first hour, but none after the marked effect of the medicine began. The slow pulse, excessive prostration and uncontrollable vomiting that

Digitized by Google

followed were fairly alarming, but passed off in the course of two or three hours, proving that the end justified the rather heroic means.

It is fair to say that an enema of 20 grs. of chloral hydrate and 30 of bromide of potassium in solution was given about the time of the first hypodermic, but the characteristic effects of the veratrum was so pronounced and overwhelming that it is doubtful if the enema had any effect.

Whether an enema of aromatic spirits of ammonia and dilute alcohol in water, which was given to hasten the reaction from prostration, had any effect is also uncertain.

No abcess, but considerable soreness, followed the hypodermic injections, which were made for convenience in the thigh.

Is there any authentic case on record of a fatal result following the use of veratrum viride? If there is no danger in its use it seems to me we have in the hypodermic injection of it in large doses an ideal remedy for that most horrifying of all puerperal complications.

Tonica, Ill. GEO. N. JENNINGS.

Lupus Treated with Sunlight.

Editor MEDICAL WORLD:—The history of medicine mentions the use in olden times of red bed clothes and red curtains in the treatment of small-pox, to protect patients against the effect of sunlight. The same was tried recently by Dr. Finsen, a physician in Denmark, with the result that there came no suppuration, and the danger of blood-poisoning and of disfiguring scars was diminished. Two physicians in Norway followed his example with similar results.

After his first success, Dr. Finsen began to study the effect of sunlight upon organic tissue. Knowing its detrimental effects on bacteria after exposure of sufficent duration, he tried its action on lupus. As ordinary exposure required long time to be effective, he used concentrated light, which, however, although not sufficient to destroy the bacteria, proved to be too strong for the skin. He therefore devised an arrangement by which the sunlight was concentrated and the chemical rays at the same time weakened. To do so required much energetic labor, in the course of which various technical difficulties had to be overcome. A less persistent and scientific student would have been tried beyond his powers by such a task, but Dr. Finsen persisted and the difficulties were overcome. The results produced are such that they deserve to be generally known.

In Copenhagen he has succeeded in establishing a special clinic for the treatment of lupus by means of sunlight. Through lenses and a series of combined mirror apparatus, every gleam of sunlight is caught and brought to bear upon the diseased skin. If a ray of light passes through a certain volume of water the ultra red rays are weakened. By coloring the water blue the red and yellow rays are excluded and the concentration of the light lessened. By his apparatus Dr. Finsen has succeeded in obtaining a light power fifteen times as effectual in killing bacteria as sunlight; that is, an equal effect in three minutes to that of sunlight in three-quarters of an hour. In the absence of sunlight, electric light may be used. Dr. Finsen's mode of treatment is exposing of the skin surface the size of a dime to the light from the apparatus for two hours daily for days or weeks. Having ascertained by his experiments that sunlight more readily penetrates bloodless tissue, he constructed an apparatus to free the skin from blood. It consists of small metal frames with loops through which go elastic bands. Small glass plates of different forms matching the skin surface are inserted in the frames.

It is too soon yet to conclude anything definitely from this new treatment, but the results already already obtained are so promising that much may be hoped for. The treatment is painless, but takes a long time and the apparatus is costly.

DR. JOH. DE BESCHE.

Milwaukee, Wis.

Osteo-Malacia.—Gunshot Wound of the Abdomen Without Wounding the Intestines.

Editor MEDICAL WORLD:—As osteomalacia is a very rare disease, and one of which the pathology is not well understood, I thought your readers would be interested in the report of a case.

Mrs. F. G., age 28, housewife. For six months she had been unable to walk and

Digitized by Google

had to use crutches. In October last, in trying to hang up a picture, the crutch slipped, letting her fall heavily on the floor. In falling she fractured the right femur in the upper third, and the left in the lower third. A physician was summoned who reduced the fractures. The woman, after the usual time in bed, found she was unable to use the limbs. She was treated by different physicians, but did not improve.

I was called to see her, but the limbs gave her so much pain that I was unable to examine them without an anasthetic, which was given. I found a complete disappearance of the middle portions of both femurs, for three inches. I advised removal of ovaries, which was refused. Would like to hear from yourself, and also the readers of THE MEDICAL WORLD.

On the evening of May 15th I was summoned to see H. H., age 18 years, who had been shot. On examination I found the ball, a 22 short, had entered the abdominal cavity one inch below the umbilicus, in an oblique direction. In consultation with Dr. F. G. Davis, we concluded to do a laparotomy, which was done the following morning. A median incision was made, and the track of the ball followed to its entrance within the peritoneal cavity; there it was lost. Careful search was made of the intestines for perforation, but none was found; nor could we find the ball, but evidence of it could be seen in several places. The abdomen was closed with two rows of sutures. The boy made a rapid recovery.

ALFRED CORNWELL, M. D.
Bridgeton, N. J.

Puerperal Sepsis.

Editor MEDICAL WORLD:—I was called a few weeks ago to a negro woman with about the following history: Thirty years old, the mother of two living children, seven and five years respectively. She had had three still births and always had hemorrhage after labor. When first called it was impossible for me to go, as I had a previous call which I felt in duty compelled to make. The husband therefore called a midwife to attend his wife, but about five hours after first called the husband came back for me, saying his wife was in a bad condition, and that the midwife thought she would flood to death. I found on arrival that the child had been stillborn six hours previous. I inquired if she had gone to full term, but she said no, only about six months, which a glance at the fetus confirmed. I made an examination and found there had been considerable hemorrhage, but none at this time. The midwife said she could not get the afterbirth, and for this reason had sent for me. I first disinfected my hand, then made an effort to extract placenta, but could only get a little of it, the uterus having contracted very firmly on it. I saw no way in which I could get the placenta at this time. So, hemorrhage having stopped, I douched the vagina with hot carbolized water and returned in the evening to see patient. Found her resting easy with pulse 84, temperature 99°. I made another effort to extract placenta, but without success, the os yet being tight. I again douched the vagina with carbolized water and saw the patient again in the morning. Found pulse 120, temperature 102°. Again I tried to get placenta and succeeded in getting about half, the os having relaxed to some extent. I now made an intra-uterine injection of 1-2000 bicloride solution, followed by a quart of hot boric acid solution. In the evening the pulse was 130 and temperature 103°. Repeated my efforts to get remainder of placenta, but could only get some small shreds which were very offensive. Again used bichloride solution, followed by boric acid solution and applied turpentine stupes over the bowels, as there were tenderness and distensions of the abdomen. Internally I gave four grains of quinine every four hours, and alcoholic stimulants with plenty of milk. Next morning I found pulse 120, temperature 101°. I continued the antiseptic douches twice a day with the internal treatment for seven days, when pulse and temperature became normal, the remaining pieces of placenta having been broken down and washed away by the intra-uterine douches. In this case, it must be remembered, I had no one to assist me scarcely, no trained nurse, no hospital facilities for such work. It was in a dirty hut among ignorant negroes. But this is only an

Digitized by Google

instance of the many dilemmas with which a country doctor is often confronted. The woman made a good recovery.

Loretto, Ky. J. K. CISSELL.

My Experience With Sulphur and Charcoal in Treating Diphtheria.

Editor MEDICAL WORLD:—Dr. John J. Ligget, of Ladiesburg, Md., comes out in the May WORLD (and previously) with a treatment for diphtheria, with a charcoal and sulphur mixture, which gave, we may say, unparalleled success, and which, as he intimates, seems to be unappreciated by the profession. I am persuaded that the same is a good treatment.

About 25 years ago I saw my first cases of the disease in an epidemic form. Up to that time our teachers and their books had but little to say upon the malady, and, in fact, was little understood. Baccilli, bacteriae and germs did not complicate our perceptions of diseases in that day. With our lancet, and other "antiphlogistic" agents we went forth "conquering and to conquer" all ailments. If any proved obstinate, we tried to "change the character of the inflammation" by caustics and blisters. So fatal was the complaint, that it was with feelings of sorrow and dismay that I went to a case to witness the almost inevitable result, if, indeed, I did not feel some compunction of conscience lest my futile efforts with gargles, sprays and swabs may have even hastened the dire calamity.

The disease later began to be studied and written upon, and seemed to be better understood. Yes, it was evidently a blood disease, but treatment as yet seemed to resolve itself into gross empericism. In casting about for a remedy, I tried dilute sulphuric acid, which proved a measure of considerable success. About this time, a vender of "family rights" for a patent nostrum for preserving fruits, green vegetables, etc., came around. His liquid proved quite preservative, but imparted an objectionable scent and flavor of sulphur to the articles immersed. He directed that the fluid be prepared by burning certain proportions of brimstone, charcoal and sugar over a stratum of water in a tub covered over with a blanket or cloth. Now, I reasoned that if this innocent preserving fluid had such power to arrest the rot and decay of fruit and vegetables and destroy the spores and germs incident thereto, surely it would prove a good antiseptic and germicide in diphtheria. On trial, it proved a remedy par excellence. I prepared it on a small scale in the rooms of my patients by frequent firings of the combustibles, placed upon a flat stone just above the surface of the water in some convenient covered vessel. This gave an acidulous smoked liquid, of which I gave frequent spoonful doses. If the disease invaded the trachea or nares, I threw some pieces of brimstone, with liquid tar, on live coals and allowed the little sufferers to cautiously inhale the fumes under a cloth for a minute or two at a time.

Now, it appears evident that the gist and virtue—the sine qua non—of either Dr. Ligget's prescription or that of the preserving fluid, as a remedy, consists mostly in the sulphurous acid that pertains to both. For the fermentation that his bottled mixture would undergo from the syrup and water would generate that gas. This I conceive would be powerfully reinforced by the reactive agency of the acid salts of his gargle, with which he washes down the mixture. Let Dr. Ligget have his pharmacist prepare him tablets of charcoal grs. vj, sulphur grs. iij, sugar grs. ij, to each tablet. Place one crushed upon the tongue, using for an antiseptic gargle water acidulated with sulphuric acid in the manner he does. He will have a remedy convenient, efficient and practicable for diphtheria, and an intestinal antiseptic of no mean power in typhoid fever and other bowel affections.

I suggest that a few grains of powdered cinnamon or a drop or two of the oil incorporated in the tablet would add much to its attractiveness and efficacy.

My practice has been confined to the country, and I have not seen a genuine virulent case of the disease with swollen glands of the neck and characteristic *grey deposit* of membrane in several years. A symptom which I have not seen noticed by any writer shows in the female by a red glazed appearance of the inner surface of the labia. I hope some

Digitized by Google

of the brethren who have opportunities will contest the sulphurous acid treatment with the antitoxin, and report results.

J. F. McCLUNEY, M.D.
Wilkinsville, S. C.

Dr. T. H. Line, of Doniphan, Neb., gives hot salt water baths in summer diarrheas of children.

A South Carolinian asks for best treatment (at home) of hay fever and asthma.

If a uric acid diathesis exists, correct it and your asthma will vanish.

Let us have some contributions on these two subjects for our August issue. That will be a seasonable time for the consideration of these subjects. Those who are inspired to write, please send contributions in as soon as possible after receiving this issue.

"World" for the remainder of 1897 on trial to new subscribers, for 25 cents. Join our "family" now, and you will stay with us permanently.

Quiz Department.

Questions are solicited for this column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication) will not be noticed.

The great number of requests for private answers, for the information and benefit of the writer, makes it necessary for us to charge a fee for the time required This fee will be from one to five dollars, according to the amount of research and writing required.

Dr. N. S. Mackenzie, of Luther, Iowa, wishes to submit the following questions. They appear to be questions submitted at some examination.

First, give the names of all diseases that a person is likely to take but once in his lifetime. Second, during what stage or period of contagious or infectious diseases is it most communicable? Third, is genuine typhoid fever ever taken the second time by the same individual? Fourth, are infants, septuagenarians and octogenarians, as a general rule, liable to be affected with typhoid fever; what about Peyer's glands, etc.?

For the Hair.

Will some good brother tell me if there is anything better than sugar of lead and lac-sulphur for turning grey hair dark, and should the bottle be shaken before using, or turn off the clear liquid and use it? What is the best preparation for renewing the growth of hair on heads becoming bald?

Wyoming, Del. Dr. J. H. THOMAS.

[If the scalp be dry and scaly, apply cosmoline often enough to prevent the dryness. Rub it well into the scalp with the end of the finger. This will not renew dead follicles, but it will prevent further death of follicles dependent upon a dry scalp—a very frequent cause.—Ed].

Puerperal Convulsions at Six Months.

Editor MEDICAL WORLD:—I have at present under treatment a lady who is suffering from attacks of puerperal convulsions in her sixth month of pregnancy, and she gives history of about thirty convulsions following the birth of her first baby, extending over about a month. This is her second pregnancy, and she claims that she felt no symptoms of convulsions till about three weeks ago, and had the second attack in about one week. Will the editor or some brother practitioner suggest a treatment for puerperal convulsions at this stage of pregnancy?

A. E. DALTON, M. D.
Friedheim, Mo.

We had an opportunity to submit the above to Dr. I. N. Love, of St. Louis, Mo., who says, as follows: "Active and regular purgation, securing daily from one to three free actions of the bowels. Establish a habit of liberal drinking of water with a view to flushing of the kidneys. As a help in this direction, at intervals of a week, administer for a day or two five grain tablets of lithia three or four times a day with copious draughts of water. Frequent bathing with a view to maintaining activity of the skin. Liberal exercise—preferably walking—up to the last day of pregnancy."

Incontinence of Urine.

Editor MEDICAL WORLD:—Could you suggest a line of treatment for the following case of incontinence of urine?

Digitized by Google

Boy, eleven years old, nervous temperament. Remedies tried so far, circumcision, rhus. aromat., belladonna, ergotole. ED. F. BOWERS.

96 Dinwiddie St., Pittsburg, Pa.

[Fortunately my friend. Dr. I. N. Love, of St. Louis, the distinguished specialist on diseases of children, was visiting me when the above arrived, and I submitted it to him. He directed as follows: "By elevating the foot of the bed, and also by placing a pillow under the hips, gravity will help in these cases. Atropia is the best drug in this condition. Make a solution of atropia, one grain to the ounce of water, and give one drop every four hours and increase to limit of toleration, and maintain for some time—say, one week. The most distressing effect of the atropia is on the eyes. Parents should be informed of this, govern the child accordingly, as prohibiting reading, attending school, etc., until the eyes become normal again."—Ed.]

Why do Strawberries Cause Urticaria?—Supernumerary Breasts.

Editor MEDICAL WORLD.—Will you please inform me, through the columns of THE WORLD, what there is in strawberries that produces hives? I have a case here, a man 48 years old, who has an attack of hives every time he eats strawberries, and has never had them any other time. I am satisfied that the berries are the cause.

On May 15th I was called to attend Mrs. R. in confinement (primipara). After the child was born and everything was over, the woman's mother called my attention to her daughter's breasts. On examination I found four well developed breasts, the two extra ones situated at the side and back of the others, almost in the axilla. They were about one quarter the natural size, but well developed and contained milk.

I take twelve medical journals, and like THE WORLD better than any of the others. JOSEPH PICKERET, M. D.

Beverly, Mass.

[Occasionally we find a person in whom strawberries cause urticaria. It is an idiosincrasy. The berries doubtless irritate the alimentary canal in such a way as to cause the disorder.—Ed.]

Obstinate Gonorrhea.

Editor MEDICAL WORLD:—I come to THE WORLD again for advice: Young man, 31 years old. Five years ago contracted gonorrhea, which, with the usual treatment subsided, and continued so for several months. Then discharge commenced again and continued for about three months, since which time he has been free from any discharge during the summer, with treatment, but when winter begins the old trouble comes back. During the past winter the discharge has been yellowish in color, but at present time is white and glairy, and glues the meatus together of mornings. One-half inch behind the glans penis on inside of the urethea is sore spot, where he complains of an itching and drawing sensation; slight cordee at nights. Has never had any trouble in passing urine. Present health good. Have used injection of hydrastis, zinc sulph., subnitrate of bismuth, alone and in combination with other remedies, sandal wood, cobaiba, etc. internally. Used Van Buren's sounds as high as No. 34, French scale, also Weis's straight sounds to No. 20, American scale. The sounds do more good than medicines. Suppositaries of iodoform check the discharge, but do not cure. Any advice in diagnosis and treatment in this troublesome case will be thankfully received by one who has read THE MEDICAL WORLD fourteen years. A. H. HOSTETTER.

Douglas, Nebraska.

Dr. Jno. B. Deaver says of this case: "The pain at the point within the urethra is a referred pain. Stop all injections and internal medication. Give tonics. With a long syringe drop five drops of a ¼ gr. to the ounce solution of nitrate of silver into the interior part of the deep urethra, about twice a week. After toleration of this solution is established, increase to ½ grain. Report in about six weeks."

Acne.

Editor MEDICAL WORLD:—The patient, female, aged 27, has been troubled for years, in fact, ever since the first menstrual period, with facial acne, not of purulent variety, but that in which the glands are hard and swollen, and which leave red blotches for some time after.

Digitized by Google

Nothing has had much effect, and everything that could be recommended has been faithfully tried. There seems to be no disease of any organs. Patient is in good health, with the one exception of slight nasal catarrh, for which she is at present under treatment.

Steaming the face, massage, internal use of sulphur, arsenic, pot. iodide, herb teas, etc., have all been tried. Would be glad to hear from the Editor, or any of THE WORLD brethren. Result will be reported.

Buffalo, N. Y. R. J. SMITH, M. D.

Severe Headache.

Editor MEDICAL WORLD:—For information, I desire to report a case which I have in charge, and would respectfully ask the editor of THE WORLD and the readers of the same for their diagnosis and treatment.

Mrs. E., age nineteen, married. Began menstruating at eleven years of age, but menstrual periods irregular and painful from beginning. Always suffered with severe headaches just before, during and after her monthly periods. Her mother tells me that from a child her daughter suffered from constipation.

She married at the age of fourteen. Miscarried three months after; thinks she was two months gone. Miscarried again in about six months.

I was called to see her for the first time in June, 1894, she being pregnant again. By hard work I succeeded in carrying her through to full term, and delivered her of a healthy baby. This was in October, 1894. In September, 1895, she again miscarried; and in July, 1896, I delivered her of another healthy baby.

During all this time she suffered at times with severe headaches, and it has grown from bad to worse, until now she has a spell with her head every ten days or two weeks. Each attack lasts from twenty-four to forty-eight hours. She says her head hurts in the top and extends down the spinal column. Scalp tender. Has no fever, but is becoming emaciated. Unconscious during her bad spells. J. WES. CARSON.

Indian Gap, Texas.

[Some place, a long time ago, I picked up this statement which contains some truth: "Frontal headache is due to stomach disorder; pain in the top of the head, with tender scalp, due to uterine disorder; pain in the back part of head, due to rectal disease." The first thing to do in the above case is to relieve the constipation. Then address your attention to the uterus. If subinvolated and tender, give appropriate treatment, including glycerine tampons. Build up the general health.—Ed.]

Quinine in Labor.—Ergot in Labor.

Editor MEDICAL WORLD:—I write to obtain information in regard to the action of quinine in labor. I have used it frequently in cases where the pains were weak and the labor protracted. I have found that in doses of 15 grains it increases the force of the normal labor pains, and hastens delivery by giving to the weak uterine muscle its normal expulsive power. But there is also a drawback to its beneficial action. I find that its use is apt to be followed by post partum bleeding. What I wish to know is, do other members of the profession ever meet with this action of quinine? or was the bleeding in my cases due to some other cause, and not the result of the quinine? Why should the drug predispose to hemorrhage? Is it through some action on the blood vessel walls? or does its action on the uterine muscle cease after delivery of the child, and leave the womb in a flaccid condition and unable to close the arteries by contraction. Would like to receive an answer through THE WORLD.

In regard to ergot in obstetrics, I have discontinued the use of it entirely except in cases where there are symptoms of hemorrhage. I have been in the habit of giving a teaspoonful of flu. ext. ergot as soon as the head was delivered in all cases of labor. But I have found that in a vast majority of cases where it is administered in this manner, it would produce a contraction of the lower uterine segment and result in a case of retained placenta that would have to be delivered by manual means. I think a great many cases reported as *adherent* placenta are nothing more than *retained*, due to the use of ergot. Cases of true adherent placenta are rare.

In regard to the case of pneumonia of

Digitized by Google

Dr. N. K. Morris, reported in the June WORLD, where the lung cleared up without any cough or expectoration, I would state that I have seen one case of that kind. Can any one tell what becomes of the matter in the lung in such a case? It certainly cannot all be absorbed. CHAS. B. CORSON, M.D.

So. Seaville, N. J.

[Doctor, the subject of quinine in labor has been quite extensively discussed in past issues of THE WORLD, perhaps before you became a subscriber. Suppose we appoint you a committee of one to report a brief summary of what the authorities say on this subject.—Ed.]

Snuff for Catarrh.

Editor MEDICAL WORLD:—Some two years ago I found in your paper the following formula for snuff for nasal catarrh:

℞. Camphor,
Menthol, aa. - dr. ss.
Bismuth subnit.
Pulv. acacia, aa - - dr. i.

I prescribed this to-day, and the druggist brought me in a paste, the camphor having been liquified by some of the other ingredients, presumably the menthol. I have prescribed this previously many times and never before heard a complaint. Perhaps some of your readers versed in chemistry may explain.

Ashton, R. I. N. O'D. PARKS.

[If this is mixed properly, it will be successful. If the camphor and menthol are mixed together they will make a liquid and make a paste when the other ingredients are added. The proper way is to pulverize the camphor first, then mix it with the bismuth, then mix the menthol with the acacia in same way; then mix these two mixtures lightly with a spatula, and put in a bottle, cork and keep dry.—ED.]

Chronic Eczema of the Feet.

Editor MEDICAL WORLD:—Can you give me any help in a case of chronic eczema of the feet? It is of three years standing. As long as ointments are used twice daily there is no trouble, but a neglect of two or three days will cause deep and painful fissures. Ichthyol ointment will heal these quite quickly; but, when they are healed, almost any ointment will work as well in preventing a reappearance of the fissures. Can this case be cured?

Orleans, Mass. A. D. HATCH, M.D.

[Is a uric acid diathesis present? If so, correct it.—Ed.]

Change of Life and Grip.

Editor MEDICAL WORLD:—Mrs. V., aged 52, married, has 12 children. She menstruated up to ten months ago when her health began to fail her. Had an attack of fever which lasted about six days, and recovered. Then, on the 6th of January, '97, she had a severe attack of la grippe, and for a week it appeared she would not recover, but did. Has ever since been more or less nervous, with more or less nervous pains all over her body, especially the chest and abdomen. The pain sometimes appeared to be a burning sensation, then again severe pains. She has for many years been inclined to drink intoxicating liquors to excess, but not regularly. As we all know that a woman ceases to menstruate generally between the age of 45 and 50 years, I have treated the case accordingly. Used bromides extensively for awhile; they would appear to do good; also various tonics. Her appetite has always been very good, but continually has had to take something to act on bowels. Urine good color, no albumen, no sugar, sp. gravity 1020. Two years ago had slight attack of rheumatism. She has been my patient for ten years. Can any of my brothers assist me in this case? I would be delighted to restore her to health again, and have no other way but to beg the assistance of THE MEDICAL WORLD. Advise some treatment at earliest convenience. I wish to state further that she complains a great deal of being unable to get her breath; this only occurs occasionally.

J. A. SAULS, M. D.

Fayetteville, Tex.

[Don't expect her to get well of the menopause and grip right away. Expect to have same trouble with this patient for perhaps a year or more. Look for a gouty diathesis, and remove it if present. Eliminate freely, and tone continually. Treat symptoms as they arise, and after from one to three years of patient management, perhaps annoying and dis-

Digitized by Google

couraging at times, she may have rugged health again, if her habits are judicious. —ED.]

Sticky Fly Paper.

Editor MEDICAL WORLD:—Dr. Nicholson, of Mount Meigs, Ala., requests a recipe for sticky fly paper. Here is one: Take a piece of paper of required length and wet it with the following solution:

℞. Acaciæ,
Glue albæ . . . aa ℥j
Aquæ, ... Oij
Mix.

When dry, apply the following:

℞. Resinæ, ... lb. ij
Ol. ricini. . . . . lb. j
Mix. Heat to dissolve and apply while warm.

MANUEL E. RENCURREL, Ph. G., M. D.
Boston, Mass.

FORMULAS asked for:
"Sanford's Radical Catarrh Cure."
"Dr. Bosanko's Pile Remedy."
"Hale's Vegetable Hair Renewer," '96, 7, 319.
"Prof. Law's Worm Syrup."
"Trask's Magnetic Ointment."
"Castoria."

Hall's Vegetable Sicilian Hair Renewer.

Editor MEDICAL WORLD:—Here is the formula as prepared many years ago:

℞. Lactis sulphuris,
Plumbi acetatis, . . aa dr. j
Sodæ, ... dr. ij
Glycerin, ... oz. ij
Spts myrrhæ, . . . oz. viii
Jamaica, ... oz. iv
Aquæ, ... pt. j
Mix.

J. J. DEARBORN, M. D.
Salisbury, N. H.

(Copied from Aug., '96, WORLD.)

Enlarged Glands.

The following, applied to *Enlarged Glands*, often proves efficacious:

R. Ichthyol, ... dr. j
Ung. hydrarg.,
Ung. belladon., aa . dr. j
Ung. petrolei . . . dr. iv. M.
Use locally night and morning.

—*Horwitz.*

DR. C. F. MITCHELL, of Cedar Rapids, Iowa, asks for information regarding Scott's treatment for chronic heart disease, and experience and results with the same. Also, best treatment for pleurodinia.

Current Medical Thought.

No current medical thought this month. So many practical articles on timely subjects have come in that all our space is taken, and many other articles are now in type for next month. This speaks well for our contributors in hot weather. Ours is an industrious "family," and we hope they will continue this reputation, however hot the weather may become. It makes our work greater, for an editor frequently likes to depend on the scissors and paste pot in hot weather; but it is better that we all be industrious in the cause of humanity, regardless of the season of the year.

Our Monthly Talk.

Now for Dr. Woodall's question: "Don't you think that if the Government should own and operate the express, telegraph and railroads, it would give the party in power continued power? And would it not give that party great room for the practice of fraud and corruption?" Doctor, these fears prevent many conservative people from favoring these ideas. These conservative people fear the politicians. But these very respectable conservative people do not see very far into the actual status of affairs, else they would know the real source of corruption, and also that the politician is a coward and always trims his sail according to the wind. If we make the wind right he will trim his sail accordingly; for what he wants is success, and he will get it by whatever means is necessary to success. He would be respectable if we would make respectable means to success necessary.

Now as to the source of corruption in our politics. Who buys legislators? Who buys congressmen? Who buys city councilmen? One answer will apply to all these questions. That answer is, powerful corporations. What are these powerful corporations? Chiefly our railroad, express and telegraph companies. It is well known here in Pennsylvania that the legislature of Pennsylvania is dominated by the Pennsylvania Railroad. How is it in your state—Texas? Is it not the same to a greater or less degree in every state? Do you remember the Credit Mobilier fraud of the early '70's? It corrupted Congress almost through and through. It was a railroad "job." What do the free passes given to legislators and judges

and congressmen all over the country mean? We have frequently spoken of the telegraph franks given so freely to congressmen. But that is only a beginning. Suppose there were serious danger of legislation affecting the principal telegraph companies. Their lobby, with abundant funds, would soon be on hand in Washington, and every available congressman and senator would soon be retained as special "counsel," and every possible effort, both fair and unfair, would be made to defeat the proposition, however much the people might desire it. The same applies to legislation concerning express companies.

Do you not see that the source of corruption in our politics is these very corporations that we would wish to make public property instead of private property? It is fair to assume that by far the greater part of corruption in our politics, perhaps nine-tenths, comes from the sources mentioned. Remove the source and the stream will dry up. Fortunes are not made and lost in the postal service. Corruption does not come from the postal service. The postal service serves the citizens of the country more cheaply, more impartially and more faithfully than any other service we have. It has no stocks and bonds to be speculated in on Wall St, but the people have the service. Prompt, faithful service at cost is what we want, and we want to put an end to speculation and corruption. As speculation, corruption, and bad public service come from public utilities (railroad, telegraph, and express) being owned and operated by private parties, and cheap and satisfactory service with no corruption nor speculation result from the mail service being owned and operated by the Government, is it not a logical conclusion that the best way to get rid of speculation and corruption and to secure satisfactory and uniform service from the railroads, telegraph and express is to place them also under Government ownership and operation?

Do not fear the largely increased number of office holders which would be thus created. The positions in these various services must necessarily be under the strictest civil service rules. Even under the now passing spoils system, it does not follow that such a largely increased patronage would retain a party in power indefinitely, for it is well known that for one voter gratified by appointment to position there are at least a dozen disappointed; and this dozen can outvote the one at the next election. This has been proven many times. The office spoilsman has a difficult road to travel, and as a rule it does not take him long to make more enemies than friends. But the civil service is a better and a positive remedy for any such threatened evil. And there is yet another remedy that is radical, and that is, pass a law that office holders—all those holding positions under the Government—shall be disfranchised during their term of service. This is a reasonable law; for those who constitute the Government should not wish to pass judgment upon their own work. Leave that with the people alone. This is done in England (some good ideas can be borrowed from England) and it works perfectly.

Now, doctor, if the above reply does not entirely remove your fears, please ask more questions. The respectable conservative element in this country is afraid of making any change, because they have such a superficial knowledge of both fact and theory. Every citizen in a country like this should deem it his duty to study up thoroughly and intelligently upon questions of government. This duty belongs to doctors perhaps more than to any other class, because they come so intimately in contact with the people, and know their conditions and needs so thoroughly. They can, with a few words here and there, plant promising seeds of intelligence that will grow to great results.

I was a little discouraged a few months ago by Japan changing from a silver to a gold standard. I feared that it was another instance of the chicanery of the gold power. And perhaps it was; for the wide publication with scare headlines, that Japan had given up the silver basis and gone onto a gold basis, would tend to discourage financial reformers and to encourage the many common people who still (from lack of proper information) honestly believe gold to be the better standard. It is well known that few newspaper readers go to the bottom of a subject. They take the superficial appearance rather than search for basic facts. Now these are the facts concerning Japan's going on a gold basis: Gold coins of the old type will be recoined into coins containing only half as much gold as the old coins, but stamped with the same value as before. The old gold coins, when used in commerce will be a legal tender for twice the value stamped on their face. That is, if the same law were applied to our coins, a ten dollar gold piece would be recoined into two ten dollar gold pieces. Or, if it were not recoined, the present ten dollar gold piece would be a legal tender for twenty dollars. As the commercial bullion values of silver and gold are now about 32 to 1, Japan goes on the gold basis on the basis of the present commercial value of silver. This position grants all that we currency reformers have ever claimed. We have claimed that the gold dollar, or the dollar maintained at a gold standard, is too dear, that it has practically doubled in value as measured in products of the farm and factory since 1873. Please help to make these facts known. What we want is for the people to give up prejudice and partisanism and seek for facts.

Right here let us quote a sentence from a recent speech by ex-Postmaster General Wanamaker, who was an ardent advocate of the present gold standard and a supporter of Mr. McKinley for President. The speech is about

two columns in length and every word of it interesting, but we will give space to only one sentence, which is as follows: "There will most assuredly come a time when there will be a mighty revolt and resistance, resulting in a revolution which will give birth to a new political party." I believe Mr. Wanamaker to be an honest and a progressive man. He does not see the financial question just as I do, but I think he is in a fair way to see the light. A prominent administration paper sent a reporter to interview him concerning the speech above referred to. The following are a few lines of his reply: "I confess that five years of listening to a steady stream of people passing through this office with their tales of woe, sorrow and starvation have worn upon me, and I confess also that I am alarmed by the increase in the numbers of that procession the last few months—so many have used up their hard-earned savings."

Yet we need not be discouraged; a few gleams of light are appearing above the horizon. The Legislature of Nebraska has passed a pretty good Direct Legislation law for that State. A Direct Legislation amendment to the State Constitution will be submitted to the people of South Dakota at the next general election. Direct Legislation bills came very near passing, and will certainly pass—perhaps by the next legislature—in a number of other States, as Kansas, Montana, Washington, Oregon, etc. Direct Legislation bills were offered in the Legislatures of about three-fourths of the States during the past winter. The fight will be continued all over the country until this implement for self-government is captured by the people from the politicians and office-holders. Then and then only, it can be said that our country is governed by the people. Doctor, will you help this thing along? No matter what party you have formerly belonged to or that you now belong to, if you are fair you will favor a Referendum under reasonable regulations. You will also favor the people proposing laws, by petition, if our legislative officers fail to do so. Also, the Imperative Mandate, that will vote an officer out of office if the people that voted him in wish to vote him out.

There are many things that States can do. For example, they can fix telegraph rates within their own borders. Also, freight rates within their own borders, etc. Several States this past winter debated these questions very earnestly. But National laws concerning railroads and telegraphs are preferable to State laws.

The money power has many ways in which to accomplish its objects, and not much conscience in applying them. Not long ago I received word from one of the most brilliant and progressive editors of my knowledge, stating that he had been summarily and without notice dismissed from his position. The reason was this: A certain amount of advertising was offered to the paper, conditioned on the dismissal of this editor. After a vigorous discussion by the board of directors, Shylock won. Since then the editorials of this paper, which previously had been strong meat for strong men, are now milk and water; the real intellectual force in the sanctum is gone. This is a daily paper of very large circulation, and but few, if any, of its readers, besides myself, know these facts. I wrote this discouraging news to my friend, Senator Pettigrew, of South Dakota, who in his reply mentioned another paper of wide circulation that had been "bought out by the enemy." Although I have not asked his permission, I will risk quoting a part of the Senator's letter to me: "They have also offered to furnish all the country papers with patent insides and plate matter of their sort, free of charge. Perhaps they can enslave the people of this country. I sometimes think perhaps we cannot turn back the course of history, and that people become more servile the more they are oppressed, and the more willing to lick the hand of their oppressors; but we will keep up the fight, no matter what the odds. One thing is certain: that if existing conditions continue, even those who now own small quantities of property will be stripped of it, until all the land and all the wealth is in the hands of the manipulators of our financial affairs. Perhaps before this occurs the middle classes will revolt and go with us; if they do success is assured."

Some doctors seem to think that these questions should be left to newspapers, and not a word said about them by medical magazines. If the above does not indicate to you the folly of trusting in our newspapers—particularly the great metropolitan dailies—perhaps the following will throw some additional light upon this question for you:

At a dinner given the members of the press in New York some time ago, a journalist was called upon to reply to the toast, "An Independent Press." Knowing we have no independent press among the powerful papers of the nation, he for a long time refused to reply, but being insisted on to do so, said:

"There is no such thing in America as an independent press, unless it is out in the country towns. You are all slaves. You know it and I know it. There is not one of you who dare express an honest opinion. If you express it, you know beforehand that it will not appear in print. I am paid $150 a week for keeping honest opinions out of the papers I am connected with. Others of you are paid similar salaries for doing similar things. If I should allow honest opinions to be printed in one issue of my paper, like Othello, my occupation would be gone. The man who would be so foolish as to write honest opinions would be out on the streets looking for another job. The business of leading journalists is to distort the truth, to pervert, to villify, to fawn at

the feet of mammon and to sell his country and his race for his daily bread, or for what is about the same, his salary. You know this, and I know it, and what foolery to be toasting an independent press. We are the tools and vassals of the rich men behind the screens. We are jumping jacks. They pull the string and we dance. Our time, our talent, our possibilities, are all the property of other men. We are intellectual prostitutes."

Some papers have debts, mortgages and bonds standing out against them. These are bought up by the "money power" and then they easily control the paper. THE MEDICAL WORLD has no debt; it is not mortgaged; it is not a corporation and it has no bonds. Its editor is not in debt; he is a free and independent man, and owns THE MEDICAL WORLD solely and absolutely. He is determined to tell the truth as he understands it, without fear nor favor from any source whatever.

As I said above, among the many black clouds of discouragement there are some encouraging signs. While the above statements are true to a very alarming extent about the newspaper press, some of the leading religious papers, for example the *Outlook*, and the *New York Independent*, are beginning to give space and very intelligent discussion, to current topics of government. The *Outlook* contains a great deal in this line, and recently the *New York Independent* published an exhaustive symposium upon "Government Ownership of Natural Monopolies," from the pens of some of our most eminent thinkers. While THE MEDICAL WORLD is the only medical magazine to give attention to these questions most vital to the financial interest of physicians, yet an occasional medical contemporary makes an occasional quotation from Our Monthly Talk and also, occasionally, independent comments are made. Perhaps our contemporaries are afraid of losing subscribers. When we determined that it was our duty to take the course we have, we very much feared that many subscribers would complain and drop out. Many men, even some doctors, are controlled by prejudice and preconceived though badly founded opinions. Such men cannot stand opposition or argument. They are like moths—they don't like the light; they love darkness—prejudice is darkness. I fully made up my mind to this when I began, and expected that these talks would find such men in considerable numbers. I also made up my mind not to care. I determined to do my duty whatever might occur. I am under obligations to no one and accountable only to myself and the Almighty. But what do you suppose the facts have been? Gratifying beyond all expectation. Instead of these Monthly Talks being a "heavy weight to carry," they are an actual help to our subscription list. Very frequently we receive subscriptions accompanied by letters stating that during these hard times economy compels the cutting off of everything that can be spared, and while they might try to get along for a while without THE MEDICAL WORLD, yet they could not give up Our Monthly Talk. Perhaps this indicates that moths among doctors are scarce. I hope so.

Reviews.

"TETHERED TRUANTS;" being essays, sketches and poems, by W. C. Cooper, M. D., Cleves, O.

This is a nicely bound book of 199 pages. It is a collection of the Doctor's literary writings, both prose and poetry, collected and published at the urgent solicitation of his family and numerous friends. A year or two ago we published in WORLD his "Stellaline," which we consider one of the finest poems in the English language. His writings abound in the most delicately expressed sentiment, and the most convulsing humor. Those who like dialect poems and sketches will here make a rich find. Price, $1.00; by mail $1.12. Supplied directly by the Doctor.

"LECTURES ON APPENDICITIS, AND NOTES ON OTHER SUBJECTS," by Robert T. Morris, A.M., M.D. Published by G. P. Putnam's Sons, New York.

This is a handsome, illustrated volume, 83 pages of which is devoted to appendicitis, and the remainder of 170 pages given to interesting notes on various subjects. Both the author and the publisher have done their work well.

A DAUGHTER OF HUMANITY

or "How Helen Richmond, a Boston heiress, worked in a New York department store, and what she learned there." A tale by Edgar Maurice Smith. Charles H. Kerr & Co., Chicago. 317 pp. 25 cents. Paper.

This is a story on a subject of the deepest interest and importance. The accusations it brings against the treatment of girls and young women in great stores, though a little vague and undiscriminating, are undoubtedly well founded and timely. The author might, indeed, have gone a little fuller into detail, and have carried more weight by being less undiscriminating; but it must be remembered that on such a subject it is impossible to go into actual detail, or to name persons and places. He paints a strong picture. In actual life, causes and good and evil are a little more intricate than here depicted, but the evil is not exaggerated or painted too strong. Perhaps not enough allowance is made for the general depression of the country in producing these results. Hard times, with lower wages, drive girls to work. Low wages for girls are, in fact, the result and, in fact, the cause of low wages for men. When the father does not receive enough to support the family, the daughter has to work; when daughters com-

Digitized by Google

pete in the market, men's wages fall. The subject is complicated. But of the enormity of the evil of actual immorality in our great stores, no informed mind can question, and this novel ought to help arouse the public.

Wit and Wisdom.

"Did her husband come up to her ideal?"
"No; her ideal came down to him."—*Puck.*

One of the most beautiful demonstrations given in the exhibition department at the recent meeting of the American Medical Association, was the solubility of Warner's pills. They were suspended in water, and you could see them dissolving rapidly If they dissolve this way, right before the eyes, in water, their speed of solution will be much greater in the stomach, where motion, the acid secretions and the high temperature of the stomach will all hasten the rapidity of solution. Try the above experiment for yourself. Stretch a piece of mosquito netting over a glass; fill it with water; let the mosquito netting swag down into the water, and then drop one of Warner's pills on it. If you will take one of their pills of permanganate of potassium the coloring of the water will be beautiful.

See advertisement of Micajah's Uterine Wafers.

We put Messrs. G. W. Flavell & Bro. on page III again in this issue (first right hand page over from Title page) handy for you to find them. Hot weather is relaxing; don't neglect to support weakened parts; the Messrs. Flavell can supply the supporters of all kinds.

See Dr. Abbott's full page in this issue.

If a few drops of Bovinine be added to each feeding of a babe it will be likely to go through the summer in safety. Add a little more with each meal of an older child, three times a day, and the cheeks will remain rosy and the system will be able to resist ordinary dangers of the season.

See Upjohn's advertisement facing Third Cover page. At the recent meeting of the American Medical Association they had a number of pieces of pine board with pills driven into them—not Upjohn's pills. If you try driving Upjohn's pills into a pine board they crumble to a powder at the first stroke.

See the beautiful page of the Sterling Remedy Co. and send for samples of their Cascarets, and mention THE WORLD.

J. L. Ridley, M.D, Huntsville, Ala., says: "I have used S H. Kennedy's Extract of Pinus Canadensis, both white and dark. I can frequently cure gonorrhea without any other remedy. I use either as an injection, and prescribe the dark internally, where there is irritability about the mouth of the bladder. I have learned to regard it as a specific. In chronic cystitis I have derived great benefit from it, and in leucorrhea it relieves when many other remedies fail. It is a valuable remedy, and I have had marked success with it."

Brace up weak patients in hot weather with that prince of tonics, Fellows Compound Syrup of Hypophosphites.

Our readers have been much interested in appliances for exposing rheumatic limbs to a high degree of dry heat. The trouble has been the getting of a suitable apparatus. The English apparatus spoken of last fall is very complicated and too expensive for the average physician. Indeed they would not sell an apparatus at all; they would only lease it under restrictions at a price of $500 for ten years use. Our people do not like to do business that way; they like to be free from restrictions and own their apparatus. A New York firm went to work on the problem and has produced an elaborate apparatus for which they ask $500—practically but little advantage in price over the English make. Messrs. Lentz & Sons have produced an apparatus that fulfils all the requirements. Will heat a limb up to 300° or higher with as perfect safety as any other apparatus, under perfect control, and they sell this apparatus at the very low price of $35 We have examined this apparatus very carefully and can assure purchasers that it will do all that is claimed for it Now you have an opportunity to cure the stiffened joints in your practice—at any rate, to give them all the advantages that the hot air treatment can offer them, and in many cases this amounts to a new lease of life to them. Either order this instrument or write to the firm for further information if you are not yet ready to purchase. See adv. in this issue.

See lower half of third cover page this issue. This will show you how to make a permanent record of the appearance of your cases, without much trouble. You press the button; they do the rest.

If you have not been in the habit of using Imperial Granum, don't let this summer pass without giving your young and aged patients the benefit of this royal food. Begin now.

At the recent meeting of the American Medical Association, in this city, we had the pleasure of becoming well acquainted with Dr. Woodbridge, of typhoid fever fame. Personally, he is as modest as his improved treatment of typhoid fever is great. We asked him the best way to get proper supplies for his treatment of typhoid fever. He said that he did not wish to seem like "booming" any particular house, but that he always used Parke, Davis & Co's.

(Continued over next leaf.)

Google

The Medical World

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World.

C. F. TAYLOR, M.D.,
Editor and Publisher.

Subscription to any part of the United States and Canada, ONE DOLLAR per year. To England and the British Colonies, FIVE SHILLINGS per year. Postage free. Single copies, TEN CENTS. These rates must be paid *invariably in advance.*

We cannot always supply back numbers. Should a number fail to reach a subscriber, we will supply another, if notified before the end of the month.

Pay no money to agents for this journal unless publisher's receipt is given.

ADDRESS ALL COMMUNICATIONS TO

"THE MEDICAL WORLD,"
1520 Chestnut Street,
PHILADELPHIA, PA.

VOL. XV. AUGUST, 1897. No. 8.

How are Your Collections?

How are your collections, doctor? Speak "right out in meetin." Next month let us have a general, frank conference on this question. If you want to make it confidential, we will not publish your name, but only give your state. Answer the following questions:

1. How are your collections now?

2. How do they now compare with last year? with 1895? with 1894? with 1893? with 1892? etc.

3. When were they the best in your professional history?

4. When were they the worst?

5. To what cause or causes do you attribute poor collections, and what remedy or remedies would you suggest?

6. Have you made business-like efforts to collect your bills? If so, what is your method?

7. Can you live as well now as formerly? and can you as well afford to give your sons and daughters a superior education? If not, why not?

If some one from each section of the country, say one from each state, will answer these questions freely and fully, they will make one of the most interesting and valuable numbers of The MEDICAL WORLD ever issued. Don't mind hot weather. Do this for your profession and your country.

Typhoid Fever.

Now comes the season for typhoid fever. September WORLD should contain some good, practical articles on this subject from "the workers in the field." In the first place, how do you diagnose typhoid fever? Do you not know some so-called doctors that have a slovenly habit of calling every fever that they do not understand "typhoid"? What importance do you give to the temperature range, the rose spots, etc., in establishing the diagnosis? Have you made any change in your treatment in recent years? If so, why did you change? What is the difference between your old treatment and your new? What difference in results?

Digitized by Google

Questions for Anti-Vivisectionists.

Electrocution was adopted in New York state because it was considered a humane way in which to put criminals to death. The basis for such belief is not entirely clear. Some physicians who have witnessed electrocutions and made examinations of certain tissues after death by electrocution, consider it a more painful and barbarous method of legal murder than by hanging or decapitation. If humanity is the object, why do we not advocate morphia poisoning? This method would be absolutely painless excepting the trifling prick of the hypodermic needle. We have suggested this method several times. Or, as the anti-vivisectionists are advocating legal requirements to the effect that animals experimented on shall first be put under the influence of chloroform to the point of complete anesthesia, and that the animal shall be killed before the return of consciousness, why do they not demand that criminals shall be anesthetized before being put to death? The cold-blooded leading of a sound man, in the prime of life, and in the possession of all his faculties, to the fatal electrocution chair, the gallows, the guillotine, or to the specially cruel Spanish garrote, is enough to make the strongest heart grow faint and sick. Yet, if the anti-vivisectionists have ever agitated for the administration of an anesthetic before those dreadful executions, or the substition of death by opium narcosis, we have never heard of it. They are too busy looking after homeless cats and starving dogs.

It is strange in what narrow channels the sympathies of some people will flow. Perhaps there is a wantonly cruel vivisection occasionally. All who are present at such should condemn it with such emphasis that would prevent its repetition. But the sum total of suffering among animals is thousands of times greater from neglect than from vivisection. A stray dog, tired of the cuffs, kicks and privations of this uncertain world, is lucky if he is taken away from all his troubles, with due regard for his feelings, by the vivisector, and to be made thereby a servant of science. In Philadelphia there is a regular corps of dog catchers who capture all stray dogs and drown them. This is a mercy to the dogs and a service to the community, and the anti-vivisectionists say nothing. But if these dogs were given, humanely, to the service of science, what a "howl" there would be—from the anti-vivisectionists, not from the dogs. It is estimated that for every dog sacrificed to science, many, perhaps hundreds, of human lives are saved. The beneficent results of the discoveries of science are so far-reaching that the above estimate is not an over statement. Do the anti-vivisectionists look at the human side of the question?

There is enough human pain in the world to engage the full attention of the anti-vivisectionists. Let them visit the slums of our cities and the miserable homes in our mining districts, and agitate for legislation that will change these conditions. Let them agitate for changes in our social system that will give to every child healthful and moral surroundings, a good raising and education. This will engage the full attention of these excellent people, and they will gain in numbers and influence until success crowns their efforts. Kindness and tenderness to the lower animals should be encouraged and cultivated; but while there is so much human misery to be alleviated, let us attend to humanity's crying needs before spending precious time and energy on dogs and cats.

Some Ethical Questions.

A society has been started in Brooklyn

Digitized by Google

which advocates, among other things, that "all incurably insane persons be electrocuted," also that "all badly deformed, idiotic and constitutionally diseased children should be peacefully electrocuted within three months after said disease or deformity has been by three State physicians pronounced incurable." We often say of such, "death would be a blessing to it and all concerned." If this be true, what is our duty in the matter? What are the true ethics involved! Our first thought is that none would assume the responsibility of such proceedings. Yet we kill criminals, go into battle knowing that many will be killed, conduct many industries that slowly kill by ruining the health, and many industries, as rail-roading, that maim and kill their thousands every year. No one shirks the responsibilities involved in these. If the principles of the above mentioned society were faithfully carried out, what a stimulus it would be toward a perfect humanity. Deformities would be either cured or hidden, and people would take more judicious care of their mental and physical health.

It is generally thought that hot weather is not conducive to reading. The long winter evenings and the warm fireside make winter the season of literary activity. Our subscription receipts are always greater in winter than in summer. But this summer is an exception with us, as our subscriptions are keeping up much better than usual in hot weather. The interest in "Our Monthly Talk" is partly responsible for this. We have never before received so many and such enthusiastic letters concerning this department It is encouraging and gratifying to feel that we are doing a great, good and much needed work. Then our policy of giving attention to diseases in season is eminently serviceable to busy doctors, and deservedly popular. We have been examining our exchanges for literature on summer diseases, but find it very scarce. We can make THE WORLD a monthly *necessity* to every doctor in the land by giving our attention each month to the troubles that we will be called upon to meet during that month. Let us do this faithfully. We will all be benefited thereby. Those not members of our circle may now join for the remainder of 1897 for only 20 cents. Inclose two dimes, or stamps.

Original Communications.

Short articles on the treatment of diseases, and experience with new remedies, are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month for publication in the next month. Unused manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

READ. REFLECT. COMPARE. RECORD.

Chronic Diarrheas.—Replies.

Editor MEDICAL WORLD:—In a late number of THE MEDICAL WORLD some one asks for a treatment for chronic diarrhea. He might better have said "for the chronic diarrheas," because there are several distinct affections of which this is a symptom.

It may be safely affirmed that the tendency in disease is always towards a cure, unless there is some obstacle. And these obstacles may be reduced to two categories: either there is an irritant that keeps up the affection, or the powers of the body are at too low a point to permit the restorative process to be put in operation. These two conditions not infrequently co-exist.

In meeting the first form of difficulty, it is well to shut off every fresh source of irritation. Let the bowels be put as nearly as possible in the condition of physiological rest; and this is best done by diet. Let the food be that which will best nourish the patient with the least possible work or worry of the ailing organs.

The diet of well-skimmed milk has long been the main reliance of the profession, and with it I have won notable success. As in Bright's disease, the patient takes absolutely no other food, and lives exclusively on milk. Of this he takes half a glass or more, every four hours, occupying fifteen minutes in masticating, insalivating and swallowing this small quantity. The milk must be perfectly sweet and thoroughly skim-

Digitized by Google

med. Separator skim would be the ideal form.

Now I cannot see how these directions can be made more plain and yet I am morally sure that before this journal has been off the press a week I will be receiving letters from gentlemen who write me they have employed the milk-diet without success; saying, as Struempell does in speaking of Bright's disease, that the diet has been "largely of milk." That sentence weakened my faith in Streumpell greatly, for it showed that he had totally failed to grasp the principle involved. It is not that milk has special curative properties, but the benefit is due to the exclusion of all other foods and drinks. Skimmed milk being absorbed by the gastric veins, there is little or nothing left to enter the intestines, which, therefore, enjoy physiological rest, and freedom from the ingress of new microbic irritants from without.

The milk diet is suited to cases of diarrhea due to simple intestinal ulcers, to over-feeding or hepatic disease. But there are several conditions that compel the modification of this rigid diet. One is the tendency to scurvy. I always watch anxiously for the first symptoms of this condition, and indeed generally forestall it by giving a moderate daily dose of freshly pressed fruit-juices. Indeed, if the stools, by their excessive fetor indicate that the albumen of the food is in excess, I substitute the fruit-juices altogether for the milk, giving the same quantities and in the same manner.

Whenever the indication is for full nutrition, when debility is evidently a cause of continued disease, the raw white of egg, bovinine in teaspoonful doses every two hours or pre-digested foods, should be added to the diet. More harm will result from the strict limitation of the diet causing denutrition, than will be compensated by the rest obtained.

We are now ready to attack the disease-producers in the intestinal regions, having cut off their reinforcements. Here we have the sulphocarbolates as our most efficient and reliable antiseptics. The zinc sulphocarbolate is preferable on account of its astringency. Forty grains daily suffice to disinfect the intestines of an adult. This quantity is best given in tablets in divided doses. But if the diarrhea is colliquative, it is better to substitute the sulphocarbolate of calcium in like doses. So, also, if there is acidity or irritability of the stomach, use the sodium sulphocarbolate by preference in doses up to sixty grains daily. In either case the dose may be regulated by the stools, enough being given to destroy all unpleasant odor.

If absolute antisepsis is desired, Bouchard's test may be employed. Give seven grains daily of bismuth salicylate, and increase the doses of antiseptic until the stools are no longer blackened by the bismuth. The theory is that decomposition generates sulphuretted hydrogen by which the bismuth is reduced to a black sulphide; so that if decomposition is prevented no blackening can occur.

If the case is tuberculous, add from five to twenty grains of europhen to the daily dose. This is better than coto, which has been pronounced a specific for tubercular diarrhea.

Iodoform may be added to the sulphocarbolate for syphilitic ulceration; or corrosive sublimate given, in doses of half a milligram every two hours.

In all forms of chronic diarrhea, the patient should wear a flannel bandage next the skin; and if he is feeble or emaciated, the bandage should be kept saturated with cod-liver oil, and covered with oiled silk.

The discharge may continue from relaxation, in which case the remedy is strychnine, half a milligram every one to two hours, until the requisite tonicity has been obtained.

This covers the ordinary forms of diarrhea kept up by irritation; and there remains the consideration of those due to debility. In nearly every case the antiseptic medication will be required, and I simply add to the daily dose of sulphocarbolate, etc., from three to fifteen drops of oil of eucalyptus. I am not sure that this or any other volatile oil promotes healing any better than the oil of turpentine; but the eucalyptus is easier to take. A very convenient way of administering these drugs is to weigh out what you deem requisite for a day, mix them in a mortar, adding enough cod liver oil to make a mass, and pack in capsules.

We have one other remedy to increase

Digitized by Google

the vital force and thus promote healing, and this is nuclein. I have employed Aulde's nuclein in a variety of cases during the past year, giving the remedy whenever nature appeared to require an invigorator; and my impression has been decidedly favorable. In fact, scarcely a condition of debility occurs for which I do not give nuclein.

But suppose you have cured your chronic diarrhea—what then? Is your patient well? By no means. As the ulcer heals the cicatrice contracts, and you will have an intestinal stricture to treat. This will require an operation to cut out the diseased tissue and make an intestinal anastomosis, by means of the Murphy button, or the ingenious improvement upon it devised by another Chicago surgeon, Dr. J. Frank, and called the bow-coupler.

And then the question arises: If we must have this dangerous operation done eventually, why wait for a stricture? Why not operate at once, as soon as the diagnosis of intestinal ulcer has been made, and remove the diseased tissue?

There remains the most difficult of all the forms of chronic diarrhea—the nervous form. The patient has no difficulty unless she goes to church, or to some public place, when she suddenly asks herself what she would do if the diarrhea were to occur; and at once it does occur. She gets so bad in time that she cannot entertain a visitor in her own parlor; in fact, a ring at the door bell is enough to send her flying to the water closet. For this painful affection there is no known remedy, excepting hypnotic suggestion; but this is quite capable of effecting a cure.

On page 300, Dr. Thomas asks if there is anything better than lead and sulphur for dyeing the hair. Some years ago I received from Schering the description of a new dye. The account was published in my journal, promptly stolen by one of our esteemed contemporaries, and went the rounds of the medical press; until one of the journals, having lost the original source, actually advertised for information concerning it. I have forgotten the name of the dye, but probably Schering and Glatz could supply it. As I recollect, it was a perfectly harmless substance and exerted a tonic action upon the hair.

On the same page Dr. Dalton asks for treatment of convulsions occuring at the sixth month of pregnancy. It would be well to ascertain at once whether there is albuminuria present. If so, feed the lady at once upon buttermilk, two quarts daily until the albuminuria has ceased. If not, look for sources of reflex irritation, such as sensitive fissures in the os uteri or elsewhere, urethral disease, hemorrhoids or other rectal ailments. It may be that sexual congress is still kept up, and that this is the cause of irritation. Dr. Love has pointed to constipation as the most likely of all the causes. Failing in all these, we must look upon the convulsions as hysteric and give the antispasmodics in full doses. But if the paroxysms assume the form of true eclampsia, with or without albuminuria, and they are not relieved by the treatment, the pregnancy must be terminated at the seventh month when the child is fairly viable.

I look upon the cases described by Dr. Bowers, page 300, as of the highest importance. A boy who wets his bed still, at 11 years of age, will be masturbating soon, and will keep up the habit to excess until he graduates in hypochondriac melancholia. Pass a soft bougie through his urethra and note if there is hyperesthesia at any point. If so, treat it with Mitchell's soluble gelatin bougies containing europhen, or inject europhen in fluid petroleum into the sensitive portion of the urethra. Examine the urine also, and if it contains bacteria give the boy ten to twenty grains of salol daily; or if oxalate of lime is present, give the same quantity of dilute nitric acid. An excess of uric acid demands restriction of the nitrogenous part of his diet, and if the urine is of high specific gravity, he should be urged to drink freely during the early part of the day. In the use of mydriatics I have found duboisine best, and hyoscyamine better than atropine. Give either in a single dose at bedtime, giving enough to redden the face, which will occur before the pupils are affected. A careful device is the belt with a marble sewn in it in such a way that the marble lies over the spine. When the boy rolls over upon his back, which is

Digitized by Google

the posture in which enuresis is most apt to occur, the marble hurts him so that he rolls back upon his side again. Finally, in some cases a liberal dose of strap oil is the remedy really required.

Dr. Hostetter (page 301) can appreciate Ricord's remark, that his punishment in the next world would consist in his being surrounded by the ghosts of his former patients, crying to him to cure their gonorrheas. Give the patient from twenty to forty grains of salol daily, with one to four grains of calcium sulphide, in divided doses. Mix europhen and aristol, forty grains each, with one ounce of fluid petrolatum, and with a long-nozzled uterine syringe deposit about ten drops of the mixture as close to the neck of the bladder as you can, without entering its cavity. No harm will be done if you do enter it, however. There is no pain or irritation following this application. It may be repeated daily until the patient is well.

In Dr. Smith's case of acne (page 301) I would investigate the condition of the genital apparatus. One of our Chicago doctors claims that every case of acne is due to masturbation. Hot vaginal douches have accomplished a cure in many cases, while stychnine arseniate, half a milligramme three times daily, increased to twelve or more daily doses, will do more good than any other internal remedy. The doses should be multiplied, not enlarged, until the paresis of the skin has been removed and the acne disappeared.

To every word of Dr. Taylor's advice to Dr. Carson, concerning headache (page 302), I heartily subscribe. There is this much to be added: When the cause of a morbid process has been removed, the process does not necessarily stop; it goes on from habit, or because it has become established. I would therefore advise something to break up the chain of sequence, and violently alter the conditions. For this purpose I would suggest something like the following:

R.	Phosphorus, in resin	gr. $\frac{1}{60}$
	Strychnine arseniate	gr. $\frac{1}{30}$
	Allen's ext. cannabis Indica	gr. $\frac{1}{6}$
	Podophyllin	gr. $\frac{1}{24}$
	Quinine sulphate	gr. ij

Mix and enclose in a capsule. This should be taken every four hours while awake, for one week. Then drop the phosphorus and add five grains of Vallet's iron to each dose, and continue for a month.

It seems to me that Dr. Hatch's patient with eczema of the feet (page 303) is deficient in fat, as far as his skin is concerned, and should use some oily substance habitually. Let him make an ointment of mutton suet and salicylic acid, and use it every night and morning.

WILLIAM F. WAUGH, M. D.
103 State St., Chicago.

Going Off for Health.—Hay Fever.

Editor MEDICAL WORLD.—The fashionable wealthy go to summer resorts, first, because it is *au fait;* second, for pleasure; third, to escape home duties and hot weather. Frequently the putative head of the house—"the governor"—remains at home to "keep the pot boiling," and—to do other things. There is a deal of shady possibility pertaining to these annual hegiras. Unless each member of the family is firmly anchored to those principles which are immutably right, he or she may be whirled into a vortex which spends itself in hell. Incident to vast wealth is that sense of large privilege which may be depraved into plutarchy, and to be a plutocrat is to be a moral, as well as political, leper. Only the inherently vicious suffer this moral distortion as a consequence of great wealth. Higher civilization is retarded by the shameful escapades of millionaires, imperial retainers and princes, for it is the habit of the masses to partially condone their "irregularities." This results from that conservatism of the governed which is the product of deference to official and social superiors.

It is well to remember that there are dangers incident to the outings of the middle class. These have not the general significance that inheres in the doubtful exploits of tony pace-setters. Their effects are expressed upon smaller circles. There is a dubious element in human nature which, as the rule goes, needs perpetual restraint. It depends upon the suavities of *opportunity*. The usual man, and the occasional woman, are coiled springs—referentially to ques-

Digitized by Google

tionable experiences—and their kinetic expresssions are only prevented by the hindrances of circumstance. This is why it is better all around for the wife to take her hubby along. Notwithstanding he may be a model husband and father under the home aura, it is far from impossible for him to go wrong if left completely untethered. A philosophic friend of mine used to say that "human nature is a d—n rogue;" and I am not certain that he was totally wrong. Did you ever read "A Benedict Canticle"? It runs thus:

"Of all the insidious
Temptations invidious
Contrived by the devil for pulling men down,
There's none more delusive,
Seductive, abusive,
Than the snare to a man with a wife out of town.

"He feels such delightfulness,
Stay-out-all-nightfulness,
Shall-I-get-tightfulness—
I own it with pain!—
A bachelor rakishness,
What-will-you-take?-ishness,
Next-day-head-ache-ishness,
None can explain!

"His wife may be beautiful,
Tender and dutiful—
'Tis not that her absence should cause him delight—
But the cursed opportunity,
Baleful immunity,
Scatters his scruples as day scatters night.

"He recalls pranks erratic
In memories ecstatic,
As wicked he feels as bald heads in a row,
Who watch the stage dances
With bold, sinful glances,
And witness with glee the wild bacchanal show."

There are more stanzas, but these illustrate the thought I would enforce. The mother and daughters are in much less danger, owing to the greater security of their virtue. There is not under them, as there is under every normal man, a volcano of incandescent virility. This is not a humiliating or belittling fact, for it is a part of the primal push, and it exists for conservative and beneficent reasons. But harmful strains are put upon the most severely virtuous at watering places. By the exactions of inexorable custom, wives and daughters are thrown into more or less intimate relationships with unclean characters. Roues, possessing all the external elegances of gentlemen, frequent these places. The leakages of their pruritic natures are contaminating, *nolens volens*. They beget tolerances which are out of line with the holy trend of immaculate innocence. They at least debauch the virgin mind by suggestive familiarities. The bodily strain at fashionable resorts is great. The boating, bathing, fishing, etc., are not sufficient to compensate for the late hours, late suppers, the tension of *self-repression*, etc. I do not believe that seasons at pleasure resorts are morally or physically beneficial.

The ideal outing is the sequestration of a few congenial spirits on some mountain side, where the murmurous lullaby of the brook floats out into the grand diapason of the ocean. Where the earth is another firmament, with flowers for stars; where flitting birds push back the silence with trills of ecstacy, and where the enchantment of the wild-wood spirit is graciously omnipresent. Add the companionship of books, musical instruments and fishing tackle, and what is there left to wish for? Ah, it is idylic! But chiggers, gnats, ants, spiders, mosquitoes, sweat, bees, lizards, possible snakes, thorns, nettles, bad weather, worry about home affairs, the sense of self-expatriation, etc., etc., etc.! Alas, there is no heaven on earth unless it be "Home, Sweet Home." The poor have this heaven, with the possible privilege of short excursions out into the country, if they are city folks; into the city, if they be country folks. I believe this is the better way, unless the whole family goes, and they go far enough to reach a different and healthier climate, and they stay there till the beneficial possibilities of the change are exhausted.

There is a class of unfortunates to whom self-banishment during certain of the hot months is a necessity, provided they are not too poor to effect it. In any event, it is a necessity in relation to per-

Digitized by Google

sonal comfort. This exodic emergency pertains to the victims of that oculo-naso-pharyngeal termagant—summer asthma. When one of the four hundred has it, it is *Catarrhus Aestivus*, but with others it is simply hay fever. This exasperating malady results from the inhalation of certain pollens, with many-jointed and unpronounceable names. It is settled that the accidental pronunciation of one of these terms is not etiologically related to the disease. Temperament seems to cut no predispositional figure in this ailment. Is is notable, too, that religious or political predilection does not effect one's susceptibility to it. It is no respector of persons, principles, or previous conditions of servitude. Why any one person preferably to any other person, should be subject to it, is a corroding conundrum. Out of the mystical deeps of primal movements, its elections are evolved, and there is the end of it.

You are all familiar with the symptoms of this wretched distemper. The victim seems to have a cold in his eyes, another one in his nose, one more in his pharynx, still another in his larynx, yet another in his eustachian tubes and several of them in his frontal sinuses. He is miserable, and unless firmly rooted in Christian principles, is liable to paroxysms of profanity. Perhaps the most cruel and trying feature of this pathological visitation is the perpetual *imminence of sternutation*, peculiar to it. Think of it, and pity the sufferer from hay fever.

The remedy? There is no home remedy. It is rebellious to any known treatment. There are a few agents which may palliate it. Thus, the insufflation of a saturated solution of quinine, or of the following: Bismuth subnit., gr. xxx; dist. hammamelis and Lloyd's hydrastis, āā oz. ij; or bismuth, gr. xx, muriate hydrastia, gr. x; mint water, oz. iv; or a strong solution of quinine, tannic acid, carbolic acid and sulphurous acid; or a preparation of morphia, glycerine and rose water; or lotions of subacetate of lead, sulphate of zinc, etc. The inhalation of menthol often helps. I suspect a snuff made of two parts of bismuth and one of acetanalid would be good. It is considered the proper caper to exhibit the so-called tonics, nux., quinine, etc. Shower baths have been found helpful. There is but one cure, however, and that consists in the removal of the patient to the sea-side, or to mountains exempt from floating pollen. The Catskills is a noted resort for hay fever victims.

Cleves, O. W. C. COOPER, M.D.

For Hay Fever and Asthma.

Editor MEDICAL WORLD:—I notice a South Carolina physician requests home treatment for hay fever and asthma. Having been a sufferer from these afflictions every fall in Pa., I feel competent to write a few lines, giving my personal experience. Since changing my residence to south-eastern Kan., where there is not so much moisture in the winds, I have not had occasion to use the remedies named. I have been here two years, but during my residence in western Pa. I used for the coryza:

℞ Menthol . . . . . gr. iij
Boracic acid . . . . dr. j
Bismuth subnit. . . . dr. iss
Pulv. gum benzoin . . . dr. iss
M. Sig. A pinch from one to sixteen times a day as a snuff.

You will find one part of this remedy worth sixteen parts of any other remedy for this purpose. It will always circulate at par and never depreciate with either patient or physician.

For asthma:

℞ Fl. ex. euphorbia pilulifera . oz. ij
Potassii iodidi . . . . dr. iv
Liq. pot. arsenitis . . . gtt. 96
Atropiae sulph. . . . gr. ½
Strychniae sulp. . . . gr. ½
Syr. acidi hydriodi . . . q s oz. vj
M. S. Teaspoonful after meals.

This is also a sound remedy. It will give relief, and make life endurable to one suffering from asthma.

Coryville, Kan. R. L. PATTERSON, M.D.

Summer Diarrhea of Children.

Editor MEDICAL WORLD:—During the heated season of mid-summer is the time when the physician is most frequently called from his needed rest and summoned in great haste to render his services to some mother's darling. He will often find a room full of anxious friends who are each ready to say: "We have done all we could for the little one; now, Doctor, can't you do something

Digitized by Google

quick?" The first thing to do, of course, is to "do something;" first, to relieve the anxiety of the friends, so that they will stop their meddling with the patient. If you are fortunate enough to conceive the full situation at a glance, so much the better. You may help the patient and the friends at the same time.

After you have "done something" for the patient and have allayed the extreme anxiety of the friends, then is the time to make systematic inquiry into the history of the case. You can then get rational and intelligent replies to your inquiries. You will probably find one of three conditions: first, that the patient has been exposed to an unusual degree of heat, perhaps to the direct rays of a hot sun; second, that the mother has nursed the child when her own blood was overheated; or, third, if it is a fed child, that it has been given food that had been prepared so long that fermentation had begun. These are the three principal causes of summer diarrhea, or cholera infantum. If parents could be taught to, or would, avoid these three conditions there would be less for the physician to do. There are many mothers who take their babies out for an afternoon drive, or ride in their cab, bundle them up in all the fine warm clothes they have, expose them often for an hour at a time in the hot rays of the sun, and then wonder the next day why they are sick. "I am always so careful, Doctor, to keep baby well bundled up and out of the draft." The baby wants plenty of fresh air and as cool as it can be had without artificial means. When it sleeps it should be in a cool darkened room; not on the mother's lap, but better on a pad on the floor. Better with no clothing than with too much.

As a farm boy, I was taught that a colt should never be permitted to suck the dam immediately after working or driving her hard. Many a fine colt has been ruined or lost by a disobedience of this rule. What is true of one animal is true of another. Babies are no exception, physiologically. We should, at least, take as much care in the rearing of our babies as we do of our colts, calves or pigs.

There are physicians who put great stress upon the cleanliness of the patient and its environments. They make long arguments about the microbes of dirt. Yet, as a rule, it is not the scrupulously neat and clean children who are the healthiest or thrive the best. If we are only careful as to what the patient gets for nourishment we need not attempt a sanitary reform of the whole family.

Besides the three cardinal causes of summer diarrhea, as given above, there are other contributory causes, such as cutting teeth, impure air, etc.

There is no class of cases in which good, common sense is at so high a premium as in the summer diarrhea of children. If the parents or nurses do not possess it in sufficient degree, then it is presumed that the physician is competent to supply the deficiency. He must charge for his advice as well as for his prescriptions or medicines. There are many of these cases, if taken in their incipiency, will really need no medicine. I give very little. Seventy-five per cent. of my cases yield to the following treatment: Ten drops each of the tinctures of aconite, ipecac and opium in four ounces of water (usually half a glass full); teaspoonful every hour. With proper indications gelsemium or belladonna may be substituted for the aconite. The medicine should be prepared fresh each twenty-four hours. If there are indications of pain in stomach and bowels, or if there is spasm, then give chlor-anodyne (P. D. & Co.) in small doses frequently repeated. Give the babies plenty of fresh water at any and all times. Dysentery may supervene; then I know of nothing better than an enema of a dram or two of mixture of tincture of opium and corn starch, five minims tr. opium to the ounce. Repeat when necessary. If the tongue is coated, or periodic symptoms are shown, the following will be found useful: Quinia, gr. xxx; podophyllin res., gr. ss.; lanoline or lard, dr. iv. M. Sig.: Take one-third, put on band and apply over abdomen. Next day use half the remainder on same bandage, and third day the remainder. Let the patient wear the bandage for several days. I am not an advocate of the use of calomel. While it is true that children are more tolerant of calomel than grown

Digitized by Google

people, yet I believe the cases are very rare where it is indicated, or advisable to administer it.

There are many of these cases that are complicated by meningitis, especially babies with large heads. For such cases there is nothing better than continuous cold application to the head. This is readily applied by taking a rubber tube of sufficient length, make a coil near the middle, which may be held in place by weaving into four wires crossed. Put a small wire in one end of the tube and bend it to form a syphon. Place the syphon in an elevated vessel filled with cold water, iced if necessary; place the coil with a thin pad on it under the patient's head, and the other end in a receiving vessel. The cold can be applied continuously as long as necessary.

It is very rare that I lose a case of summer diarrhea or cholera infantum.

D. D. ROSE, M. D.

Burlington, Iowa.

Homeopathic Indications.

Editor MEDICAL WORLD:—I am glad to read on page 265, July number, your welcome to "our eclectic and homeopathic friends." Some of us, though graduates of regular colleges, have often seen excellent results from small, frequently repeated doses of the indicated remedy when the regulation dose of the same remedy, even though it had the sanction of the most orthodox of the professors called regular, had failed to produce the desired result. Let us thank Dr. Cummings for entering the arena of THE MEDICAL WORLD with his excellent article on entero-colitis, and learn to precisionize in prescribing. In my work this year I am having success with the higher potencies of some of the remedies mentioned by Dr. Cummings. Tincture of cinchona is another remedy to be thought of in diarrhea. Dr. James B. Bell, in his work on the subject, gives the indications for it as follows:

STOOLS: Yellow, watery, undigested, blackish, brownish, greenish, bloody.

Belvue, Kan. J. S. WATT, M.D.

[The indications given in the last paragraph are not very definite. Can such indefinite indications be safely trusted?—ED.]

Summer Complaints.

Editor MEDICAL WORLD:—In regard to the treatment of summer complaints in infants, my experience teaches me that the main duty of the physician is to educate the mother or nurse as to the causes of all these ailments and how to avoid them. All specific and scientific remedies will avail nothing unless the nursing is judiciously followed after the physician leaves the house.

A new-born child, generally, is a naturally perfect piece of machinery, which is wound up ready to go until it wears out by old age; abnormalities are caused principally by the mother's neglect to understand how to run this new piece of human machinery. If we carefully watch what goes *in* and what goes *out*, as to quality and quantity, the innate principle of self-preservation of life will do the rest.

Hygienic surroundings, scrupulously clean bed-clothing, fresh air, clean bodies in and out, are of first importance in the treatment of all summer diseases. My main first remedy for elimination is as follows:

R. Castor oil,	one ounce
Glycerine,	one ounce
Alcohol,	¼ ounce
Essence of cinnamon, peppermint, anise or fennel,	½ ounce

Mix. Dose, ½ to 1 teaspoonful; repeat when necessary.

As a preventive of these distressing ailments the above remedy and castoria stand at the head. In case of much tormina, or if stools are very watery, give copious injections of hot water, a little carbolic acid and soda added. In case of bloody discharges, salt water injections are very beneficial. For fever and inflammation, aconite and ipecac; for drowsiness, belladonna; for tormina and green stools, nux; for flushed face and cephalic congestion, gelsemium; as disinfectants, hydrozone, asepsin or listerine. As to nutrition: First of all, the mother's milk must not be unfit by overwork, over-heat or over-excitement. Every two hours the infant should be fed, after the mother has rested a few minutes. The different cries must be studied and the causes corrected. The discharges must be examined as to quality, quantity and smell, and must be removed at once. Next best to mother's milk is

Digitized by Google

cows' milk, diluted one-third, sweetened and some limewater added; in places where no pure milk can be procured, Horlick's malted milk or Mellin's food are the best substitutes for mother's milk.

A. OPPERMANN, M. D.

Auburn, Neb.

Summer Diarrhea.

Editor MEDICAL WORLD:—Seeing a number of articles on summer diarrhea in the July WORLD, I send my treatment for the same. I noticed in looking over the articles that salol was not mentioned *once*. I have found this one of the most useful of drugs in this condition. I use it in combination with bismuth subnit. and pulv. ipecac, in the form of a powder, administered every two hours. The dose is regulated by the age of the patient and the severity of the case. Occasionally I add a small amount of pulv. opium. Treatment is begun by the use of a mild cathartic, castor oil being preferred as it is healing to the inflamed membrane. After that has acted I begin the use of the above mentioned powders.

As a large majority (if not all) cases of summer diarrhea are caused by improper diet, of course the first indication is to correct that. Where the child is bottle-fed, the bottle and nipple must be kept scrupulously clean, and in some cases the use of cow's milk must be discontinued, and some one of the prepared foods substituted. Horlick's malted milk has given good results, as has also imperial granum.

For nausea, minute doses of morphia, gr. $\frac{1}{300}$ to $\frac{1}{150}$ act very promptly.

If convulsions appear, pot. bromide with a small amount of chloral hydrate will usually control them, or tr. gelsemium may be used. Sometimes small and frequently repeated doses of this drug will quiet the little patient.

After convalescence has been established, a tonic containing iron and arsenic or strychnine, and in some cases a little quinine, will be necessary to complete the cure.

A change of scene is often very useful, especially if the child is in the city. It frequently happens that a trip to the seashore will do more for the little sufferer than all other remedies combined.

Absolute cleanliness is essential to success, and the hygienic surroundings should be carefully looked after. If there is much prostration, a few drops of brandy or spts. ammon. aromat. at frequent intervals may be required. Overdosing in this disease is far worse than no medicine at all. The above treatment has been uniformly successful in my hands. Two years ago this treatment, with one or two additions, brought out the worst case of cholera infantum I ever saw.

CHAS. B. CORSON.

South Seaville, New Jersey.

Summer Complaint in Indian Territory.

Editor MEDICAL WORLD:—With your permission I will contribute my little "say" on the most dreaded foe in our country: summer complaint.

I have practiced in the Indian Territory twelve years, and have yet to see a case among the Indians or native negroes; but it occurs among the whites, especially Americans, regardless of locality or surroundings. We have it more in some seasons, than others. Strange as it may seem, yet it is true, we have it here on the highest prairies and water courses, as well as in towns. I have seen it where it was high and dry, with no vegetable decomposition, nor stagnated pools near. A goodly number of cases occur in dentition; a majority during the second year.

When I am called to see a case and find digestion impaired, I stop feeding for awhile. As an evacuant I use seidlitz salt (A. A. & Co.). Never use calomel in summer complaint, nor any other cases where we have a defibrinated condition of the blood. As an intestinal antiseptic I use sulphocarbolate of zinc or salol. If there is gastric disturbance I use charcoal and resorcin, and from the first (for a child 2 years old) I use the following:

℞. Acidi nitro hydrochlor. dil. dr. iij
Tr ferri chlor. . . . dr. ij
Pepsin . . . . . dr. iv
Syr. acacia . . . . oz. ij
Elix. simp. ad . . . oz iv
Sig. Teaspoonful three times per day.

I flush the bowels daily with 2% solution of carbolic acid, or a 25% solution of peroxide of hydrogen. I have the

Digitized by Google

clothing changed twice daily, and baths equally as often.

As to diet, I recommend gruels, broths, sterilized milk and lime water. Once daily I have them take egg-nog, and every other day a sweet orange.

To quiet the nervous system I use bromide of sodium. I have abandoned the use of bismuth or calomel and use agents free from depletion or irritation.

I am now treating a case with seidlitz salt, resorcin and charcoal, baths and strict regulation of diet. No opium unless absolutely necessary to secure rest.

DR. H. J. YARBROUGH.

Springer, I. T.

Summer Complaints.

Here is my mite in treating summer complaints of children; first I give this:

℞	Hyd. chlor. mit. . .	gr. ⅛-¼
	Ipecacuanhae. . .	gr. 1/16-¼
	Sodae sulphocarbolas .	gr. 1-3
	Sodae bicarbonatis .	gr. 1-2

Mix into one powder and repeat every hour or two until six or eight doses have been given; follow the evacuation with a tepid bath and commence with this:

℞	Dist. ext. hammamelis. .	oz. ss
	Tr. opii camph. . . .	oz. ss
	Bis. subnit.	dr. iv
	Aquae q. s. ad. . . .	oz. vi

Sig. Shake well and give a teaspoonful every four hours.

This with a diet of Horlick's malted milk has saved every case for me this season and last.

LEWIS W. SPRADLING.

Chuckaluck, Tenn.

Summer Troubles.

Editor MEDICAL WORLD:—As discussions of summer diseases of children are in order, I shall endeavor in a brief way to give my experience in the management of this troublesome class of cases, not deeming it necessary to deal minutely with the subject, but only touching on etiology and treatment. We all agree as to the principal causes of these summer troubles, viz.: excessive solar heat, dentition, bad hygienic surroundings, and the ingestion of improper food. To my mind there is another cause which is an important one—a vegetable parasite, producing a form of bowel trouble which generally appears late in the spring, before the thermal wave has reached us, attacking adults and children alike, being ushered in with nausea and vomiting, the stomach not retaining even cold water. These symptoms are soon followed by purging, with severe tenesmus; the actions in the child are at first geeen and later mixed with mucus and blood. Now, if this trouble is not due to a specific cause, why does it attack all alike under varying circumstances and surroundings, from the aged to the infant at the breast?

In treating these cases I first prohibit all cold drinks and give as much hot water as the patient will take (thirst is usually intense) till vomiting is controlled. I then clear out the bowels with broken doses of calomel with soda, followed by a hydrogog cathartic. After this has acted thoroly, a teaspoonful of a mixture, as given below, is administered every three hours to a child two years old:

℞	Zinci sulphocarb. . .	gr. xx
	Bis. salicyl. . . .	dr j
	Listerini	dr. iiiss
	Tr. opii camph. . .	dr. iij
	Glycerini	oz. ss
	Aquæ menth. pip. . .	oz j

M. S. Shake well and give a teaspoonful every three hours to a child two years old.

I also give peptenzyme and salol combined in doses to suit the age of patient three times a day. Should the actions become watery, add gallic acid to above ℞, and in very feeble children give French brandy.

I have often been severely taxed to find a suitable diet for the little afflicted ones who were not nursing, and have tried many of the extolled preparations on the market, often with unsatisfactory results. I now rely principally on carefully prepared chicken tea, giving a teaspoonful every hour where there is much gastric irritability, gradually increasing as the stomach grows stronger; as an adjunct to this, the white of an egg beaten up in a small quantity of weak lemonade, this being always acceptable to the stomach.

I always advise the removal of all flannels as soon as the weather is permanently warm. If we would all do this there would be many less of these cases.

Whilst I do not claim priority in the plan I have so poorly outlined, I am glad to say that I have been quite successful

Digitized by Google

since its adoption, not having lost a single case of this class in five years.

Zion, Va. E. M. SNEED, M. D.

[Doctor, is not the "vegetable parasite" theory, as you put it, rather an assumption? Poisons, frequently parasitic, doubtless play an important part in these cases. Who will study up this phase of the subject and give us a condensed summary, say for our issue for next April? We wish to put our "family" to work in a systematic way. Suppose a dozen or twenty take up this subject, and we will publish the best one or several next spring. The investigators will be benefited more than the readers. We will publish the names, next month, of those who undertake this work if desired. Systematic study is the best possible preparation for professional work. Take up two or three subjects a year and master them, and in ten years you will tower above the surrounding physicians. Try it.—Ed.]

Proper Doses of Bismuth.

Dr. J. C. Sellers, of Hayneville, Ala., writes, calling attention to the fact that subnitrate of bismuth is usually given in too small doses in bowel troubles. He strongly urges that it be given in larger doses, "in teaspoonful doses," as Osler says, if necessary. There is no danger, as is it converted into a sulphide and not absorbed.

The Trend of Medicine—Subnormal Temperature—The Marriage Question.

Editor MEDICAL WORLD:—I have been a careful reader of your most excellent journal for more than ten years, and have noted the progress of medicine, surgery, and doctors with great interest and profit. The thing that impresses me most, as I recall the changes and improvements in medicine, is the *broadening of the way.*

The profession has been reaching out in more directions and farther into the unknown, than ever before in its history. The young man or woman who now contemplates the study and practice of medicine has a herculean task before him or her, and none but the courageous and strong will undertake the work required, with a full knowledge of the trials and labors of the vocation. Ere long I opine it will require as much courage or recklessness to become a true physician as it does to become the wife of the average man. Not only has the student of medicine to master the details of the science and art of medicine, but he is urged to become proficient in social, commercial and political science as well; and also to be profoundedly read in alienism, criminology, and stirpiculture. The general practitioner who keeps abreast of the times must be a good microscopist, an expert bacteriologist and electo-therapeutist, and ought to be able to read the medical journals in about five modern languages. He should be an all round specialist, and treat eye and uterine diseases with equal facility. Such is the trend of the progress of medicine to-day. What it will be in fifty years more, no man now knoweth.

My own hope is, that by the middle of the next century mankind in the most advanced nations, will have become sufficiently advanced in all lines to permit all the doctors in each town to unite in companies of three and work together in one office, thoroughly fitted up for all the ordinary work of general practice. All doctors should first be thoroughly educated, and then the three who combine to work together should each develop a specialty. One take practice of medicine and obstetrics, another surgery and gynaecology, and the other take the eye, ear, throat and nervous system. Such an arrangement properly carried out by able and honest men would give both the people and the profession the best service and support of any method I can conceive of.

Subnormal temperatures: I have been studying this condition for several years and find a great dearth of literature on the subject. In fact, I have not been able to find a single article, by any authority, that attempts exhaustively to study the etiology, prognosis and treatment of subnormal temperature.

Osler in his Practice states under several heads that a subnormal temperature is often found. But he does not attempt to show why there is such a condition. The books tell us that it is found in acute alcoholism, apoplexy, occasionally in sunstroke, uremia, some cases of tuberculosis, especially of the meninges, and

Digitized by Google

in malarial fever during the cold stage. Occasionally a case is met with that has a subnormal temperature in continued fevers and inflammations.

I have made three discoveries from my own observations, that I have not found laid down fully in the books.

1st. That many persons with uric acid diathesis are nearly always from one-half to one degree F. below normal.

2d. That insidious cancer of internal organs, especially of the abdomen, nearly always produces the same condition.

3d. That many cases of la grippe that are slow in recovering have a very low temperature. One case that has just recovered ran as low as 97° F. at times, for nearly two weeks, and did not gain any until the temperature began to rise. All this time he was coughing and raising a muco-purulent bronchial secretion.

We have many remedies for reducing an elevated temperature, but very few, if any, that will raise a subnormal temperature to a normal in a patient too weak to take exercise. Applied heat, massage and strychnia are about all the remedies I know of that are of any use in increasing bodily heat, and the latter is not very reliable. I have not found any drug that will raise the temperature speedily to the normal in cancer cases or in the uric acid cases.

Physicians study so few cases of temperature in health that we are frequently at a loss to know why some cases are so prostrated by a disease that generally produces a high temperature when there is little or no elevation above the normal. My conclusion is that the normal temperature of such persons is from two to four degrees below the average. Although Dr. Harden's case of pneumonia, as reported in the April WORLD, seems to be an exception, I cannot account for the low temperature in that case. I have never seen a case of pure pneumonia with a temperature below normal. This is a rich field for original investigation.

Science vs. Sentiment.

The marriage question, or in other words, stirpiculture plus the evasion of natural suffering:

It does seem to me that sentiment has largely governed the race in the past in regard to marrying. Now science has come to the front and the world is in the throes of a discussion, the subject of which is Science *vs.* Sentiment.

If it were not for two overmastering animal desires, both the individual and the race would be shortly abolished. The first is the desire to live, and the second is the desire to propagate the species. Naturally, these two instincts, if you will, control mankind in the main. Falling in love is an expression that has come down from the dim ages of the past. Life is a battle anyway, and war always means danger and death. Men have gone into the deadly fight, and suffered and died on the battlefield and on the march. Women have suffered and died in the nuptial chamber and lying-in room. As it was in the beginning, is now, and ever shall be is the dictum of nature, modified only by advanced knowledge and more humane desires. To eliminate all suffering from this world, it would be necessary to destroy all sentient beings. Wherever there is a brain and nervous system, there is a capacity for suffering. And if men and women are to be exempt from suffering, the world must stop nearly all its great enterprises. We may make ourselves believe that we can eliminate suffering from human experience by narcotizing the brain and nervous system, but we only change the form of suffering in most cases. The only way to avoid the pains of childbirth entirely is to prevent conception entirely. The development of nervous energy has the unfortunate accompaniment of increasing the sensibility of the pain-recording centres and making such an one unable to bear the pains of labor or accident as easily as the undeveloped.

The remedy is, more out door work and less sedentary employment. But the world has decided that it will honor the pale and brilliant thinker, whose progeny seldom lives to maturity or sinks into the obscurity of mediocrity. The women and girls who are brought up to do muscle as well as brain work do not fear child-birth. I could give many instances of women bearing children as easily as they could do any ordinary household work. One case came under my notice two weeks ago. A woman, near her confinement, came to my office with her fourteen months old baby, who had croup

Digitized by Google

(spasmodic), and she was as stout as any woman need be within two weeks of confinement. She was confined in due time, but had neither doctor nor nurse. A neighbor woman came in and after the child was born, tied the cord and removed the soiled clothes in which the afterbirth was found with the few clots that had been expelled by the last contractions of the uterus. In four days she was sitting up and has not been sick at all. This was her third child.

The other extreme I saw in consultation a few weeks ago. A primipara, about twenty-five years old, who had been brought up in a boarding school and had simply sat on a piano stool all her working hours for many years, was in labor about two days and had her own physician in attendance most of that time. I was called in consultation when the head began to press upon the perineum. I advised patience and chloroform. I attended to the chloroform and the doctor in charge attended to the perineum. In about three hours the child was born, but, the perineum was ruptured to the sphincter ani. She made a slow but good recovery.

The former woman had led an active out door life, and her nerves were as sound as nature intended them to be. The latter was a petted child of wealthy parents, and had become so etiolated that the least pressure set her wild with pain and fear.

These cases indicate the problems medical men have to solve. How shall we prevent people from destroying themselves?

THOS. W. MUSGROVE, M. D.
Fairhaven, Wash.

Dirt Eating.

Editor MEDICAL WORLD:—On page 277 of THE MEDICAL WORLD for July, 1897, Dr. Charles Patton, of Menlo, Iowa, writes about a dirt eater, or pica, asking aid. May I say that my father, the late Dr. Benjamin Cutter, of Woburn, Mass., cured such cases by a simple remedy, the phosphate of iron?

One resided in a place rather distant from his residence and was seen only once by him, I think. It was a girl of fifteen who voraciously ate woolen carpets and blankets so long and persistently that she was deemed incurable. The phosphate of iron was given in five grain doses thrice daily. Tho an old-fashioned gray powder and rather repulsive looking, it soon permanently cured.

B. Cutter, M. D., has been buried one-third of a century. Though dead, he yet speaketh. . . . I think that our fathers, if they did not know everything, knew something. It is a pleasure to make this manifest as to one who, quick in observation, keen in judgment, and learned, honored the medical profession for forty years.

Dr. Patton will please note that it was the rarely used phosphate and not the pyro-phosphate which was employed.

EPHRAIM CUTTER.
120 Broadway, New York.

Calcium Sulphide.

Editor MEDICAL WORLD:—I like Dr. Simmons' idea of a symposium on the above remedy, as proposed in July WORLD, page 294. I have had some experience with it, and would gladly add any information I possess to the general store.

Some practitioners touch this drug very tenderly. Hence I start with the proposition that it is absolutely harmless. In a case of diphtheria in a patient eight years of age, I gave one-half grain every two hours for four days with no bad effect; on the contrary, I cured the patient with scarcely any other medication. This fear is probably owing to a want of knowledge concerning the drug. Guilt does not attach to the doctors, but to the writers on materia medica. Let us see how little the authors know about it.

Bartholow says: "A succession of boils or scrofulous and other abcesses are made to mature, and the expulsion of pus is favored by it. It will cause threatened abcesses to abort. Small doses, frequently repeated, are necessary." This is the sum of what this teacher knows on the subject.

We now examine Dr. Potter, who says: "It is extremely efficient in crop of boils, scrofulous sores, glandular enlargements, acne, etc., and will prevent

Digitized by Google

or limit suppuration. For these purposes it must be given in small doses, gr. $\frac{1}{10}$, frequently repeated." This is all the Doctor says about it, except that it is "unofficial."

Our next witness is Dr. Shaller, in his little work on Dosimetric medicatton. He says: "The drug is decomposed in the body. The sulphate of lime passes out with the feces, and the sulphuretted hydrogen is absorbed into the blood and eliminated by the skin and lungs. Because of this elimination by the lungs this drug produces excellent results in diseases of the bronchial tubes, where the sputum is scanty and tough, or where the cough is distressing."

I cured my own son of la grippe with no other drug, and he made a better recovery than some of my patients who got plenty of medicine.

Dr. Shaller further says: "Where the expectoration is putrescent, the character of the mucus is materially changed and the cough relieved by its administration. A most important application of the sulphide of calcium is in the treatment of zymotic diseases. The septic materials produced by the disease are probably neutralized by the presence of sulphuretted hydrogen in the blood."

Acting upon the suggestion contained in the last sentence quoted above, I treated a case of puerperal septicemia with calcium sulphide, giving gr. ½ every hour for forty-eight hours. I gave the drug upon the theory that it would decompose in the body, and that sulphuretted hydrogen would be absorbed by the blood, and then it would meet and neutralize the toxic materials from the bacilli. This I did because it appeared rational; not because some one else had done it before. Of course I gave other treatment, but relied solely on this drug for the cure and I was not disappointed.

The efficacy of this drug is not to be questioned, and if you do not get good results it is because you are using a poor preparation, or not giving it in the right way.

M. G. PRICE, M. D.

Mosheim, Tenn.

"World" for remainder of 1897, only 20 cents. Either stamps or two silver dimes.

Observations on Calcium Sulphide.

Editor MEDICAL WORLD:—Calcium sulphide is prepared by causing a current of H_2S to pass upon lime.

Calcium sulphide is a white, amorphous compound, having a strong flavor like that of rotten eggs. Its reaction is alkaline. Being exposed to the light for a time, it acquires a luminous property similar to that of sulphur. Dissolved in cold water, calcium sulphide becomes decomposed through the action of carbonic acid which liberates suphuretted hydrogen, and forms carbonate of calcium. Dissolved in hot water, it forms in its decomposition hydrate of calcium. As to the physiological action of the drug, we have observed that after its absorption there is an elimination through the skin, the respiratory tract, and the urine, which contains a surplus of sulphates.

From these various elimininations, result the following actions:

First. Upon the mucous membranes of the pharynx and of the bronchial tubes, whose secretions becomes stimulated, thus rendering expectoration easier.

Second. A sudorific action, inducing sweat, tho not to a very great extent.

Third. A diuretic action, due to the elimination of sulphates through the kidneys.

Fourth. We have also observed some general action upon the entire system, producing a stimulating effect upon the circulation, and at times increasing the appetite.

In this drug we have a parasiticide par excellence, which can be exhibited with assured success in all zymotic diseases. Yet it has hardly been used by practitioners in years past, except perhaps as an external application. It was left to the dosimetric method of medication to bring before the medical world the value of this drug for the destruction of germs.

Astonishing results have been obtained by the administration of calcium sulphide in diphtheria.

Also, combined with defervescent alkaloids, in the treatment of variola. I have had occasion to test its value in the treatment of twenty-two cases of scarlet

Digitized by Google

fever, with the satisfaction not only of obtaining a rapid recovery, but also in beholding a marked shortening of the period of convalescence.

As to the application of calcium sulphide in cutaneous diseases, happy results have crowned its administration in scabies, pityriasis, urticaria, in fact, in most all skin diseases. Relief has been given to the sufferers from pertussis, and even from phthisis pulmonalis. I feel assured that no practitioner will regret the use of this weapon in combatting any zymotic disease.

As to the mode of administration, there is nothing better than the dosimetric granule containing one-sixth gr. In acute cases one granule ever half hour, or even every fifteen minutes until saturation, which can be easily determined by the exhalation of sulphuretted hydrogen by the skin; this occurring, the dose must be reduced according to result obtained, yet always keeping the patient under the influence of the drug until the disease is subdued.

In times of epidemics the use of calcium sulphide in doses of from five to ten granules a day for children, ten to twenty for adults, is a wonderful, safe and sure prophylactic. I believe that the attentions of our boards of education should be drawn to this fact, and that they should advise the administration of sulphide of calcium to school children in times of epidemics of scarlet fever, diphtheria, pertussis and other zymotic diseases. Indeed it ought to be as much an obligation as vaccination.

Norwich, Conn. E. CORNET, M. D.

Calcium Sulphide.

Editor MEDICAL WORLD:—Replying to the query on calcium sulphide in the July number of THE WORLD, I may probably throw out a hint regarding the use of this drug. Instead of being a new candidate for public favor as the writer of the article would have us believe, it is an old tried friend and stand-by of our homeopathic neighbors, having been in use by them for a long time, in fact, ever since the time of Hahnemann. Yet, notwithstanding it is a grand remedy and in my hands has proven a great power for good, but, as with all other drugs, it is the height of folly to use it indiscriminately and expect good results.

In studying this drug it is important to remember that its chief therapeutic value is to promote suppuration, whether it be in abscesses, glands or elsewhere, affecting all tissues and parts of the body; and the indications pointing out its use are very plain and simple. It is indicated in all inflammations with threatened suppuration, with extreme sensitiveness of the affected part to the touch and usually sharp, splinter-like pains. In these conditions we administer the drug in the 6× trituration with a view of preventing suppuration. But on the other hand, where suppuration is inevitable we administer it in the 2× trituration with a view of hastening the process; with the greatest confidence and we are rarely if ever disappointed.

As stated, calcium sulphide affects all the tissues of the body; it is therefore unnecessary to recapitulate the localities or to name the individual suppurative diseases in which it is useful. It is sufficient to note the indications carefully and prescribe the drug accordingly. I am inclined to think the Doctor's doses were a little too heroic for the abortive effect he so much desired. Try it again, Doctor, using the triturations, and I think you will find the result all you can desire. A. S. ROSS, M.D.

Sabetha, Kan.

Calcium Sulphide, or Heper Sulphuris.

Editor MEDICAL WORLD:—This drug has been used by the allopathic physicians of Germany from time immemorial. The homeopathic physicians have used it since Hahnemann, principally for the following diseases:

Scrofulosis, particularly if the patient is extremely sensitive to external impressions, especially to the slightest degree of cold. Enlarged glands.

Suppurations of any part are another principal field of action. If given early, it will frequently prevent suppuration; if given later, it will hasten the process. There are generally present great sensitiveness and sharp pains, which are of a splinter-like character. Sensitive ulcers.

The evil effects of abuse of mercurial preparations.

Many kinds of inflammations of the

Digitized by Google

eyes; ulceration of the margins of the lids, and of the cornea. The cases are generally of a sluggish type, and anemic. Hypopyon. Chronic catarrh of the conjunctiva with profuse muco-purulent discharges. Purulent inflammation of the lachrymal sac.

Inflammation of the outer and middle ear. Ulceration. Otorrhea.

Inflammation of the nostrils with great soreness. Ozena.

Tonsillitis with threatening suppuration.

Enlargement of the liver. Chronic catarrh of the intestines.

Inflammation of the kidney. Albuminuria. Atony of the bladder.

Venereal ulcers with fetid discharge. Herpes of the prepuce. Abscesses.

Subacute inflammation of the larynx. In the later stage of membranous croup with hoarseness, profuse collection of mucus, difficult respiration (after spongia). The patient is sweaty and weak, not dry and hot. Subacute bronchitis with loose, rattling cough. Late stage of pleuritis with exudation. Chronic pneumonia.

Run-rounds, felons. Profuse, easy sweating. Moist eruptions which smell badly, suppurate and bleed. Slight injuries that will not heal, but suppurate.

Give hepar not in substance, but the third or fourth or higher decimal trituration, obtainable at any homeopathic pharmacy. One grain at a dose, in suppurations every three or four hours; in croup every hour.

If the doctor will give the dirt eater alumina, 3d decim. tritur., one grain three or four times a day, it probably will be of benefit. Please report.

F. G. OEHME, M. D.

Roseburg, Oregon.

Tell Dr. Simmons (page 294), that he can find the physiological, pathological and therapeutic action of sulphide of calcium in detail in any good homeopathic materia medica. It has been in use for over a hundred years. Like many of the so-called new remedies, it is a well known drug, its only "newness" being in the minds of the dominant school of practice. That light is dawning on them either through public opinion or change of heart, is one of the best signs of the times. May we all have but one purpose—the desire for truth. The true physician will search for that without malice and without prejudice.

As homeopaths use the old German names of drugs, calcium sulphide will be found as hepar sulphur.

Charksville, Tenn. C. G. WILSON.

Ten Years of Dosimetric Practice.

(CONTINUED.)

Coryza.— Enuresis.— Rubeola.— Strangulated Hernia Treated by Cupping.

Editor MEDICAL WORLD:—After becoming fairly initiated in the dosimetric method, my call books no longer show any protracted cases, but only one or two office prescriptions, or one to three visits to any one patient suffering with any of the various maladies incident to this region: such as malarial fever in its protean types, coryza, bronchitis, croup, infantile convulsions, biliousness, cholera infantum, diarrhea, dysentery, enuresis, et cetera; thus clearly demonstrating the power of this method of exact, positive medication to jugulate and cure all acute diseases in their dynamic stages, insuring happy results never before attained under any of the old methods—results which excite the incredulity of the adversaries of alkaloidal therapeutics, and, instead of arousing them to a candid and critical investigation, confirms them in their opposition and unreasonable determination to reject it, and accept nothing but "regular medicine" (?). What a cloak is that same regular medicine for humbuggery and charlatanism, as witness the almost unanimous testimony of all physicians who pass the pass the age of sixty! From all such regular bigots, good Lord, deliver the unsuspecting and suffering people.

It exhibits a silly opposition for my confreres to say that in these ten years I have never met with a genuine case of their so-called "typho-malarial" or "slow fever," for the records of the three previous decades of my practice in Texas contain numerous cases of six, eight and ten weeks duration, showing that this form of continued fever was as prevalent then as now, and therefore is

Digitized by Google

no new disease, though a new name was coined for it by a federal surgeon in Virginia, but which, I am informed, he afterwards repudiated because in his autopsies he found no trace of the major disease. Yet, following the fashion of those early days, I called it typhoid fever, knowing that it was not, I suppose as an excuse for my failure to check or cure it sooner, and this invariably engendered a huge disgust for self, the profession and the uselessness of medicine in general. From my forty years' observation and experience in treating this fever, thirty years by the regular and ten years by the dosimetric method, and from the great difference in the results obtained by the two methods, I think I am justified in saying that the protracted cases under the first were due to drug-disease superadded to the original cause of the malady.

Such being the condition of my call books makes it a difficult task to write interesting and readable clinical reports. So I will give an epitomized treatment of each disease as I find it recorded, not repeating, unless in some peculiar cases.

Coryza.—This annoying trouble, so prevalent at times in this latitude, is easily jugulated if treatment is instituted in the first twenty-four hours by giving aconitine gr. $\frac{1}{500}$ and atropine sulph. gr. $\frac{1}{1000}$ every half hour till a mild physiological effect is obtained, and then at such intervals as to maintain this effect continuously for twenty-four hours; after which give a full laxative dose of seidlitz salt, and leave the patient on ars. strychnine and bromhydrate quinine, two granules of each three times a day, with the dosimetric trinity at bedtime, to prevent and modify the tendency to other attacks.

Enuresis.—I have treated this still more annoying trouble with perfect success in a great number of children from two to fifteen years of age, in the following manner. In all cases of this malady there are more or less nervous debility and indigestion, and to rectify these abnormal conditions I gave brucine or strychnine, ars. quinine and quassin, one to two granules of each at each meal, with a dose of atropine sulp. gr. $\frac{1}{1000}$ to gr. $\frac{1}{250}$ one hour before bedtime, and another just after the child is put to bed. These doses were repeated three nights in succession, and the quantity of the medicament must be sufficient to produce a perceptible physiological effect, and this must be maintained as near the same point as possible by giving smaller doses during the day; a dose of seidlitz salt sufficient to keep the bowels open was given every morning. The child rarely wet the bed after treatment commenced, and to render the cure permanent, the smaller dose of atropine, with a granule of brucine or ars. strychnine was continued at bedtime for a week or ten days, and the nervo-vital incitants at intervals of three or four days for a month. This was the treatment for simple idiopathic, diurnal or nocturnal enuresis, but in cases where there was renal insufficiency with concentrated urine I gave also arbutin one granule, barosmin two granules and lithium benzoate two granules every hour or two till this was relieved. I have observed that this trouble almost invariably follows an attack of that pre-eminently neurasthenic disease, malarial fever, especially in the younger children, which, however, is only temporary, and is easily relieved by the nervo-vital incitants, which are also needed to prevent another attack of the fever.

Rubeola.—Sep. 18, '88, I was called to a family in which there were four children, the eldest, a girl ten years old, was in bed with a fully developed case of measles, having contracted the disease going to and from school. It was the evening of the fourth day of the disease, too late to abort or do much in the way of jugulation, as the eruption was out freely over the face and neck and upper part of the body, so I concluded to let it run its course, giving only palliatives to relieve the cough, iodoform, cicutine and sulphide of calcium, a granule of each every hour or two as needed, and the defervescents to reduce the fever, which had increased on the appearance of the eruption; the temperature was then 104½°, pulse 125, but it rapidly declined under the action of aconitine, digitaline and ars. strychnine, a granule of each every half hour, and she made a quick and good recovery. With the consent of the parents I undertook to prevent or abort the disease in the three younger children, aged eight,

Digitized by Google

six and four years, and which I did by giving two granules each of brucine and ars. quinine every four hours, with one granule of calcium sulphide every hour till the odor of sulphuretted hydrogen was exhaled from the lungs and pores of the skin, denoting saturation, when the interval was increased to three hours and the other granules given three times a day during the period of incubation. The eight year old girl, who had slept with her sister during the first part of her illness, was the first, at the end of ten days, to exhibit symptoms of the disease, by having a light fever for three nights, followed on the fourth day by a scarcely perceptible eruption on the face, neck and upper part of the chest, but none elsewhere. She was not sick enough to remain in bed during the day. The other two also had slight fever for a night or two, but no eruption, though the pathognomonic eruption on the buccal mucous membrane and the inside of the lips was unmistakably present, but not so distinct as it is in cases where the skin eruption follows. The catarrhal symptoms in these three cases were almost nil. The older medical authors say, when the disease is unattended with catarrh, or when there is simply fever with catarrh but no eruption, that these forms of the disease are not protective, and the patient has no assurance of immunity from another attack; but they knew nothing of this later evolved scientific method of modifying infectious and contagious diseases so as to render them mild and innocuous, yet not preventing the attack from conferring immunity against future attacks, for I have watched these three children very closely ever since, and know that they have been frequently exposed to the contagion of measles without being affected thereby. But these are not single cases, for at the same time I was called to the family of Mr. D., who had three children, the eldest a girl of nine years who had also contracted the disease in going to and from school, and was at the same stage of the disease as the first case to which I had been called, and I treated these cases precisely as I had done the first and with the same success. In the case of the youngest, a little boy of five years, his father's favorite, the prevention or abortion was so perfect that the symptoms and manifestations of the disease exhibited by him were so slight that they would not have attracted attention if it had not been known that the disease was in the family; yet it was sufficient to be protective as time proved afterwards. I also treated the two little girls of my second dosimetric call in the spring for this disease. I was called in the first hours of the malady, and, rendered bold by my success, I instituted a course of treatment so vigorous and continuous that it modified and rendered the cases so mild that the parents insisted it could not be measles, but only a mild form of roseola. I was too old to be deceived, and had studied and observed so closely the distinctive pathognomonic signs to be found in the early stage of all the infectious and contagious diseases of childhood that I was positive I was right in my diagnosis and have again been sustained by time, as these young ladies have been frequently exposed since to the contagion of the disease without being affected.

Strangulated Hernia.—Nov. 15th, '88, called to see a man aged 55, afflicted with congenital inguinal hernia, that had never given him any trouble, as he always wore a suitable truss; but twenty-four hours before, the spring of his truss broke while he was at work, and it lacking only an hour till the end of the day he worked on, and then walked home, a distance of a mile, when he found the intestine prolapsed so greatly that he could not reduce it as he had always done. Being tired and sleepy, and not in much pain, he retired, hoping the dorsal decubitus with hips elevated would relieve him; but a furious diarrhea came on during the night, increasing the prolapse, and a portion of omentum became wedged in the ring causing strangulation. It was twenty hours since this occurred when I saw him; stercoraceous vomiting, cold, clammy skin and rapid, feeble pulse, with intense suffering, was his condition, but with no sign of gangrene as yet. Gave one granule each of ars. strychnine, hyosciamine and morph. hydrochlorate, to be repeated every ten minutes, and between these one granule aconitine, digitatin and cicutine. He had manipulated the parts in vain efforts

Digitized by Google

at reduction till he could not bear to have them touched, so enveloping them in flannels wrung out of hot water, I waited till he had taken four doses of each set of granules and he was easier, when I had his feet and legs placed over an inverted chair with hips elevated, and then used, as a cupping glass, a large goblet applied just above the ring, and another at a right angle to this over the lower part of the abdomen; these drew so forcibly that they were soon filled with the abdominal tissues, and the old man complained bitterly of the pain they caused, but in a few minutes that peculiar gurgling sound, so delightful to the ear of the anxiously waiting physician, began, and taking the tumor between the palms of my hands, by gentle traction and pressure in the right direction its entire contents were soon restored to the abdomen, and a hearty "thank God" fell from the patient's lips. How I learned, or who originated this simple but effective idea of cupping to relieve strangulated hernia I do not know; but I find it among my old memoranda of 25 years ago of what to do in emergencies, "as a thing to be remembered and worthy of all consideration." It has never failed me in the few cases of strangulated hernia it has been my lot to treat, but in this case I attributed much of the rapidity of the relief to the granules administered previously.

(*To be continued.*)

W. L. COLEMAN, M.D.
1809 Decatur st., Houston, Tex.

[Concerning "regular medicine," the best treatment that can be devised should be the "regular" treatment. The opposition that Dr. Coleman speaks of comes only from the "hold-backs." He is helping to establish what will be "regular medicine" for the next generation. In religion it is said that the heresy of one generation is the orthodoxy of the next. The same principle can be applied to medicine. Those who break the idols of the past and establish better things in their place usually meet bitter opposition; but their work is glorious, tho some do not live to see the glory of their work. We can be "regular" and progressive at the same time; in fact, if we are going to be progressive, we should take all the greater pains to keep our place in the regular ranks, for then we can command a hearing, which we cannot do if we petulantly and unnecessarily leave the ranks.—ED.]

Vomited a Tape Worm.

Editor MEDICAL WORLD:—As I never heard or read of a case similar to the following, I report it. On May 30th, '94, I was consulted by Mr. H., a widower, 65 years of age, of good family history. Until lately his health had been pretty good with the exception of having had spasms or convulsions several times during the last 12 months. No epilepsy or nervous disease in the family. He complained of general malaise, nausea at times, loss of appetite alternating with intense hunger, bowels generally constipated, colic at times, tongue coated with brown fur, constant bad taste in the mouth, especially in the morning. Lately he passed sections of tape worm several times. He had a tape worm eight or ten years ago, took medicine and passed quite a large worm. Had not noticed any sections pass since, until recently. As there could not be any mistake as to him having a tape worm, I gave him the following:

℞ Hydrarg. chlor. mit. . . . gr. ½
Pulv. ipecac. . . . . gr. ¼
Sodii bicarb. . . . . gr. ij
M. S. To be taken at bedtime, followed in the morning with a full dose of epsom salts.

Gave him Tannet's pelleterine, oz. j., to be taken in about two hours after the operation of the salts; and to take another dose of salts in about two hours after the pelleterine. As he lived about 18 miles out in the country, I requested him to report to me in about two or three days, and to bring the tape worm with him, if passed.

He came in the afternoon of the second day, and brought the worm with him, floating in whisky in a tin can. The first powder acted freely on the bowels; he took the salts and passed quite a number of sections. In about an hour after having taken the pelleterine he commenced to vomit, and strained until he brought up about 28 feet of tape worm. The sections of the worm varied from one foot to ten feet in length, altogether about 28 feet, head included. I did not

Digitized by Google

see him vomit the worm, but the family with whom he stayed claimed that they worked hard with him in order to relieve him, for he suffered intensely. I could not help but to pity the poor fellow, as for quite a while afterwards the mentioning of the condition nauseated him.

He improved very much in a short time, and his general condition was better in about six months than it had been for a long period before. No epilepsy or nervous disturbance for over a year, when one day while standing close to a water tank attending to cattle, he took a spasm, fell over backward into the tank and drowned before help could reach him.

We are taught that tape worms infest the small intestines, and that very rarely portions of the worm are vomited. In his case there was only a small portion passed by the bowels, while the bulk was carried off by way of the stomach and mouth.

The epileptiform seizures he had previous to consulting me I thought were due to reflex nervous irritation caused by the action of the worm in the intestine and perhaps in the stomach. I can not think that the worm was entirely below the pyloric orifice and that 28 feet of it was crowded up during the time of emesis. How can I account for the subsequent fit?

Scotia, Neb. H. F. KOEHLER, M. D.

Tobacco in Tuberculosis.

Editor MEDICAL WORLD:—On page 223, June WORLD, I notice an article from Dr. E. M. Sneed, of Zion, Va., on "Tobacco a Preventive of Pulmonary Tuberculosis." From a retrospective view, after 38 years' experience, I am fully satisfied that his idea is a correct one.

I wonder it never occurred to me before. In addition to this—the idea of a germicide in the nicotine of tobacco smoke—let us see if there is not some additional virtue in the use of the weed, for it is a well known fact that a smoke after breakfast generally secures to those of constipated habit the all important move of the bowels, thus aiding the gastric and intestinal digestion.

In my little treatise on tuberculosis, published in the September number, 1895, of The Virginia Medical Monthly, Richmond, Va., in condemning the free use of opium as a checker of secretions, and impure cod liver oil and whiskey as gastric irritants, I made use of a broad and apparently extravagant expression, viz.: "Take care of the stomach and the lungs will take care of themselves." While I admit that this is nearer the truth as a prophylactic means, it is also partially true in the curative treatment. If the use of tobacco will prove to be not only germicidal, but indirectly a help to digestion, I think we may expect much advantage in the prophylactic and curative treatment of this disease.

R. L. HOWARD, M. D.

Charlottesville, Va.

Syphilis.

Editor MEDICAL WORLD:—Prompted by "Michigan's" article on syphilis in the June WORLD, I have written my thoughts upon the subject for your esteemed perusal.

The toxic symptoms of mercury so resemble the many manifestations of the disease that it is impossible to differentiate them, when present together in an individual. I believe that our worst cases of syphilis are caused by the addition of mercurial toxoses. Mercury does not cure the disease by its antiseptic potency, but by its secondary stimulating effect upon the tissues of the body, and especially on the nervous tissues. It permeates them all, and its direful effects only stop at the dead portions of the body, such as the outer ends of the teeth, fingernails and hair. I refer you to Morrow's book when I state that after countless ages the medical fraternity have not all learned that large doses of mercury do not shorten the course of the disease, but plainly devastate the physical resources which nature needs to combat it. Syphilis is self limited, providing the victim has sufficient vital force, and a little mercury simply increases the vitality until nature overcomes the toxines. Continued overdosage of mercury will result in a permanent mercurialization, as illustrated by the following: In 1892 I witnessed a post mortem examination upon a man who had two immense syphilitic (?) ulcers on his legs. He had become so terribly impregnated with mercury that minute sparkling

Digitized by Google

globules of the metal could be seen upon section of the tibia. So far, mercury seems necessary in the successful treatment of syphilis; but we must also treat the mercury. The following treatment has, in my hands, been followed invariably by apparent eradication of all symptoms of the disease. During the first six months, see the patient every week and meet his different symptoms by the different forms of mercury, according to indications. Give the patient one dose of medicine a day, at bed time, but sometimes another on rising in the morning. Never give one form longer than two weeks at a time. At least every three months, or oftener, according to indications, stop the mercury and give a two weeks' course of antidotal medicines.

The indications for antidotes are the symptoms of mercurial poisoning, which can usually be first noticed by the patient's complaint of not feeling quite so well, or by headache, lassitude, dull pains, anorexia, insomnia, etc., etc. Study the physiological action of the drug. The following are the antidotes as I use them:

Nitric acid, U. S. P., C. P.; ½ to 2 drops in a glassful of hot water for two weeks.

Syrup of hydriodic acid, q. s. to make 4 grs. of hydrogen iodide at a dose. Always give directions to use plenty of pure water.

Potassium iodide, C. P. 5 grs. Sulphur is a great antidote, although I generally use the acid. Its beneficent effects are often exhibited by the hot springs and mineral springs throughout the world, that nearly always contain large quantities of sulphur.

I use calcium sulphide, $\frac{1}{10}$ gr. However, all of these antidotes will produce serious toxicological effects upon an occasional patient, and I should advise everyone using them to study their physiological actions carefully.

Indications for the more common preparations of mercury:

Merc. bichloride, $\frac{1}{100}$–$\frac{1}{50}$ gr. per diem. Renal and urinary complaints, as backache, albuminuria, acidity, or insufficient secretion of urine. In very small doses for troubles from uric acid diathesis, as excoriations, ulcers, conjunctivitis, sore throat, diarrhea, frequent micturition, etc.

Mild chloride, $\frac{1}{10}$–¼ gr. per diem. Constipation.

Biniodide, $\frac{1}{80}$–$\frac{1}{8}$ gr. per diem. Best for regular treatment.

Mercurous nitrate, as acid nitrate of mercury. As a wash in conjunctivitis, aphthae and excoriations, 1–3 per cent.; also falling of the hair.

Yellow oxide (1 gr. by inunction). As inunction—ointment of 25 grs. to 1 ounce of lard, oleic acid or wool fat. For gummata, pimples, etc.

Salicylate, $\frac{1}{10}$–¼ gr. per diem. Uric acid diathesis, rheumatism, neuralgia, headache, etc. Very valuable.

Black oxide, $\frac{1}{30}$–$\frac{1}{10}$ gr. per diem. Constipation; very good for regular treatment when the biniodide or bichloride have been given as long as prudent.

Iron, quinine, arsenic and gold are all necessary adjuvants, to be given as tonics, together with the regular treatment.

When the stomach revolts use the inunctions.

Don't forget to use the smallest possible dose that will keep the patient free from eruptions and other visible manifestations. Ulcers are not indications for an increased dosage of mercury, but for tonics and mercurial antidotes.

DR. CARL FAIRBANKS.

Barkville, Mich.

Doctors' Wives.—The Giving of Alcohol.

Editor MEDICAL WORLD:—I read with much pleasure and profit the different articles from doctors' wives, and hope they will continue to shed the fragrance of womanhood upon our circle. They write with a directness and terseness of expression that many of the sterner sex would do well to imitate, and I am surprised that any of the brotherhood would deny them access to the columns of THE WORLD. We are all after ideas, and if they flow in a liquid stream from the pen held by feminine fingers they are as valuable as though the product of male cerebration. We must not become pedantic and think we have a first mortgage on everything worth knowing, for oftentimes the keenness of woman's intuition and logic is the X ray that brings out in hideous proportions our

Digitized by Google

own inconsistencies and shortcomings. In all departments of life the frou-frou of woman's garments adds a refining, uplifting and enobling influence; so let the doctors' wives turn on the search light and show us ourselves as others see us.

In the June WORLD, page 247, "A New Jersey Doctor's Wife" writes a timely article on the use of alcohol. I do not want to touch upon the sociological or moral aspects of the question, but I want to speak from a medical point of view and bring out a little more fully the question of dosage of alcohol—and by alcohol I mean all alcoholic stimulants.

I have long thought physicians, as a rule, were careless and reprehensible in the giving of this agent, so potent for good or evil. The usual instruction is to give it freely without regard to time or quantity. Even our medical teachers teach their classes to use it with a lavish hand, and they give them no definite dosage. In my opinion this is entirely wrong. It should have its place in every posological table with the rest of important agents of the materia medica.

We are too apt to lose sight of the dual action of alcohol—that it primarily stimulates and then has an inhibitory action on the pneumogastric nerve, and thus reduces to the minimum the nerve stimulus to the heart and lungs. Without a constant recognition of this fact, when we would do good we do harm. We have quite definite rules laid down for the dosage of quinine, ipecac, bismuth, etc., but these agents in an overdose do infinitely less harm than alcohol in an overdose. Then when we come to opium, aconite, veratrum, digitalis, strychnia, etc., the lines are drawn a little more closely, and we are taught to confine ourselves within certain limits. But when we listen to our professors in medical schools, or call in our consultant, we are told to give as dangerous a medicine as the foregoing, alcohol, without stint.

When a patient must grapple not only with the burden of disease, but the paralyzing effect of alcohol as well, his condition is indeed pitiable. Rightly used, alcohol is a valuable support when the vital forces are waning; inconsiderately used, without due regard to dosage, it may give to the over-burdened, struggling heart a task under which its energies fail. Who will give us the medicinal and lethal dose of this most useful servant? Let us all be more watchful and careful in using an agent capable of doing so much for or against us.

L. B. ALLEN, M. D.

Humboldt, Neb.

An Episode From the Business Side.

Dear Old WORLD:—What would you do with the following case?

In February, on a bitter cold snowy day, a messenger was sent hurriedly for the doctor (the day was his office day for special practice of ear, nose and throat), saying he would meet the doctor at the train. The doctor took the train for twelve miles, then horse-back three miles to and from the depot, and made the moderate charge of $5.00, which the party said he would pay in a few days. Not paying, he was presented with a gentle reminder. The doctor received the following reply:

SIR:—Yours at hand. According to agreement I am willing to pay you for half a day from your office. Enclosed you will please find bill of fare, and I am ready to pay balance whenever you are pleased to call and receipt for same.

Here follows the bill:

To one meal . . .	$0.50
Conveyance to depot	1.50
Total . . .	$2.00

Now, Dr. Taylor, what would you do; pay it or sue him for full bill?

Woodstock, Va. W. S. CLINE.

[I do not swear, but here is a story of a man noted for swearing—so much so that the boys would tantalize him in order to get an exhibition of his swearing ability. One day he was hauling a load of potatoes. As he approached a hill, the boys slipped up and raised the end-gate of his wagon. When he got to the top of the hill he discovered that he had lost all his potatoes. He saw the boys waiting at a safe distance for the "exhibition." As he took in the situation he merely said: "Boys, I know what you want, but I can't do justice to the occasion." So a swearing man could not do justice to the above. On reflec-

Digitized by Google

tion, doctor, I think I would ask him to send balance of bill by mail or messenger, as you cannot afford to go so far for so small a sum. Require him to receipt his bill for charges. Better get $3 than to go to law for the balance—$2. Then I would see that all the doctors in your county and the surrounding counties, and the people in general, know of this transaction. Carry the documentary proof with you to show whenever occasion presents. This course will make your man very sorry for himself.—Ed.]

Treatment for Excessive Venery.

Editor MEDICAL WORLD:—In regard to an article in June WORLD on excessive venery in reply to an article by "Louisiana," I wish to say that political economy is a good thing in its place, but will not cure such cases as that detailed by "Louisiana." A large experience leads me to believe that all or nearly all cases of sexual weakness or inability resulting from masturbation or excessive intercourse can be permanently cured by a very simple treatment, and the patient rendered happy.

℞ Fl. ext. saw palmetto berry, oz. ss, four times per day. To control and build up the nervous system, always seriously disturbed in these cases,

℞ Mulford & Co's. tablets, each containing:

Creasote	gtt. ½
Quinia hypophos.	gr. 1
Ferri hypophos.	gr. ½
Calcium hypophos.	gr. ½
Potass. hypophos.	gr. ¼
Manganese hypophos.	gr. ¼
Sodium hypophos.	gr. ¼
Strychnia hypophos.	gr. $\frac{1}{64}$

Dose, one or two tablets four times a day.

Sometimes the patient will suffer from loss of semen while straining at stool, on account of which he is much depressed. This can be corrected by instructing him to carry with him a small cake of soap, and the passage of feces will be rendered easy by soaping the finger and then inserting into the rectum to lubricate the passage and enlarge the sphincter, and thus avoid the use of cathartics.

Gano, Ill. L. C. BROWN, M. D.

[It was very plain that Mr. Cowles' book was recommended merely to get the thoughts of the victim out of their evil channel, which all will agree is a very important thing in these cases.—Ed.]

Chorea.—"Ichthysote."—Ointments for Eczema, etc.—Cure for Headache.

Editor MEDICAL WORLD:—Mar. 30, '97, I was called on to treat Miss K. M., aged 16, for chorea of two years duration. Several doctors and a few druggists had prescribed for her without obtaining favorable results. The muscular contractions were continuous day and night, right side hemiplegic, gait limp, right foot dragged when she walked, and the right arm hung helpless at her side. My prognosis was unfavorable, and so expressed myself to her mother. I had just finished reading a pamphlet lauding the magical therapeutic value of passiflora incarnata; so I decided to give it a thoro trial, on a seemingly hopeless case. I prescribed:

℞ Pascarnata (Merrell's) - - oz. iv
Spc. pulsatilla - - - dr. ij
M. Sig. Take one teaspoonful four times a day.

The results were beyond my expectation. The muscular contractions ceased at night after one day's treatment. The twitching and hemiplegia gradually disappeared. Patient was well after taking twenty ounces of the above mixture. Query: Did the treatment cure the case?

I have been experimenting with a lotion I call "ichthysote," for want of a better name. The formula is as follows:

℞ Ichthyol
Creasote - - - āā dr. iv
Nitric acid, c. p. - - - dr. j
Prussic acid - - - oz. ss
Hydrarg. bichlor. - - gr. xx
Glycerine - - - - oz. ij
Distilled water - q.s. ad. oz. xvj
Mix according to pharmaceutical principles.
Apply gently, with the hand or a sponge, three to four times daily. If there is much smarting, dilute with water or glycerine.

This lotion is valuable in the treatment of all skin diseases requiring antiseptic, astringent and anesthetic treatment. The cases the writer treated successfully with it were: eczema, except the fissured variety, superficial ulceration of the skin, erysipelas and dermatitis, both thermal and toxic. This preparation is similar to those put up by pharmacists and retailed at seventy-five

Digitized by Google

cents per pint. The exact cost of this preparation is twenty-five cents a pint, in small quantities. When a physician has the time, it pays to make his own lotions, elixirs, ointments, etc.; then he knows what they contain, and they can be relied on.

Glycerole of tar, prepared in the following manner, is a good remedy for the fissured variety of eczema.

℞ Glycerine - - - oz. ij
Oil of tar - - - oz. vj
Mix, heat and stir until cold.
Sig. Apply twice daily.

A case of pustular eczema that did not yield to ichthysote was cured in two weeks with the following:

℞ Hydrarg. oxide flav. - gr. xx
Vaselin. alb. - - - oz. j
M. Sig. Apply at bed time.

Feb. 1, '97, Mrs. R., aged 42, consulted me in regard to a headache that had been exceedingly bothersome for six years. The paroxysms usually put in their appearance at irregular intervals, once or twice a week, lasting twenty-four to forty-eight hours. Sometimes the attacks would last a week continuously. At other times they would subside toward evening and begin again next morning, continuing in this way for a week. I requested her to call when the next attack put in its appearance, but was informed that it would be impossible, as she was never able to leave her bed at that time. I then asked her to call me, which she did. Upon my arrival at her residence I found her in bed, rolling from one side to the other; pale; vomiting; pulse 60 and weak; urine scanty, high colored and exceedingly acid; bowels moving daily. Treatment: One fiftieth of a grain tablet of glonoin was placed on the tongue. Headache disappeared within twenty minutes. I then prescribed:

℞ Fl. ex ergot . . . oz. j
Pot. bromide . . oz. i ss.
Aq. dest. q. s. ad. . oz. iv
M. Sig. Take one teaspoonful every four hours when head aches. One teaspoonful daily at bed time, at other times. To be taken in half a glass of water.

The prescription was refilled four times. No return of headache since. This prescription has been tried in several similar cases with the same happy results.

Brief remarks from the editor on the above subjects are requested.

Beardstown, Ill. C. C. PATCHEN, M. D.

[There appears to be no doubt that the prescription given cured the case of chorea. Half an ounce of prussic acid in a 16 oz. mixture is a surprise. Ichthyol and mixtures containing ichthyol are not used enough as local applications in skin affections. What was the pathological cause of the headache? Some disturbance of circulation in this case evidently.—Ed.]

Veratrum for Strychnia Poisoning.

Editor MEDICAL WORLD:—The use of veratrum viride in a case of strychnia poisoning, related in the June number of THE WORLD, recalls a chapter in my own experience. On April 7th, 1895, just as the church bell was tolling in expectancy of a quiet hour of divine service, the writer was summoned to attend a strong muscular young farmer, four miles in the country, who had taken, as it was afterward proven, a solution of four grains of strychnia. The priest had been called from his chapel and had preceded me to administer the rites of the expected dying young man. On my arrival the candle was burning at his bed side, to light him through purgatory, and about fifty of the excited friends and neighbors were perambulating the room. Two hours had already elapsed since the poison had been taken, four convulsions had ensued and muscular rigidity was at its height. Knowing full well that the next convulsion would probably end in death, I concluded that the most heroic measures must be used if any good was to be reached, and that no responsibility would be attached should an overdose of the antidote be given. The strongest sedative must be administered to combat the rapidly oncoming fatal convulsion.

First satisfying myself that it was a case of strychnia poisoning by examining the bottle from which the libation had been taken, I ordered all the excited inmates from the room, and calmly assuring my patient of recovery, I immediately made a solution of two drachms of chloral, and with great difficulty got him to swallow the whole. Not willing to trust

Digitized by Google

that, I drew from my case a half-ounce vial of Norwood's tincture of veratrum viride, a teaspoonful of which I succeeded also in pouring down his throat. Ten drops of this same tincture followed every ten minutes for an hour, when limpness and relaxation of muscles ensued, followed by violent and copious emesis, and my patient was safe. With the exception of considerable soreness and some prostration, he was around the next day feeling as well as usual.

Now, Mr. Editor, I deem it highly important that in reporting a case in practice we should exercise the greatest care to be accurate and true to facts. This I have endeavored to do. I know this is an enormous dose of the poisonous veratrum, and I will leave my brother practitioners to judge whether the amount was justifiable, and should constitute an example to be followed in similar cases. My patient's life was saved. Would a less amount have done as well?

Is not the pathogensis of these two powerful toxic agents pursued on almost identical lines? Both act preëminently upon the spinal cord, including the motory and sensory centers at the base of the brain, affecting chiefly that portion of the spinal tract which presides over reflex functions. Both produce incoherent muscual action, and in the extreme both tonic and clonic spasms, especially the latter in the case of veratrum. Both produce paralysis and death from asphyxia. But their action is markedly antidotal. The same results are produced from exactly opposite causes, viz.: excessive irritation and excitability on the one hand, and profound depression on the other.

This occasion was an eventful period in the administration of drugs by a homeopathic practitioner.

Plymouth, Ind. J. S. MARTIN, M. D.

The Vapor of Creasote for Tuberculosis.

Editor MEDICAL WORLD:—I use creasote now in the treatment of tuberculosis only in the form of vapor, and I receive such encouraging results from its use in this way that I am persuaded it is a regular "bac-killer."

I let patients inhale the fumes directly as long and as often as they feel disposed, and particularly have the air of the bedroom well saturated with the vapor to sleep in.

The apparatus I employ to vaporize with is very simple; a glazed saucer held in place by a round wire soldered on a three-legged tin stand about seven inches high, with a spirit lamp to heat. The saucer is filled with water, preferably warm or hot, with half a teaspoonful of creasote turned into it, as well as half a teaspoonful oil of eucalyptus, which, if it does no more, will neutralize the objectionable smell of the creasote.

The system is not disturbed from the use of creasote in this way. Patients enjoy it and grow fat upon it.

Just here I will give your readers a pointer on a climate for consumptives. We have the climate looked for in western Nova Scotia; ten to fifteen degrees cooler in summer and ten to fifteen degrees warmer in winter than in and around Philadelphia or New York. It is a great opening for some one with capital to establish a sanatarium for consumptives, for without any treatment whatever other than the air, consumptives seem to live here forever.

Reading Doctor E. M. Sneed's article on the fumes of tobacco in pulmonary tuberculosis, page 223, June WORLD, which I think well of as it strikes the vapor idea, has led me to write this item; and you, Mr. Editor, may put it in type or cast it in the everlasting basket, as you may judge best.

RUSSELL WITHERS, M. D.

Annapolis, Nova Scotia, Can.

[As I have had occasion to say before, the waste basket seldom gets the communication of a man who is modest enough to suggest that that may possibly be its appropriate resting place. Modesty and useful ideas are almost universally associated.

Tuberculosis is present in all seasons, but not so much so in mid-summer as in other seasons. This article is published now for discussion between now and cold weather, but if you have no occasion for the use of this treatment now, mark the article for attention when occasion arises. But how much of the Doctor's good results come from his treatment, and how much from the climate of which he speaks in such high terms?—Ed.]

Digitized by Google

Pure Oil of Turpentine.—Creasote in Gonorrhea.

Editor MEDICAL WORLD:—At one time the oil of turpentine, on account of its cheapness and plentiful supply, was not adulterated; but with that as well as many other matters, things have changed; and to-day we hear of the adulteration of turpentine with a cheap grade of naphtha and other cheap materials. It is a matter of importance that the oleum terebenthina for prescription use should be pure and free from all adulteration. It is a useful article in a number of complaints, and we think that some manufacturing chemist should take steps to supply the medical and pharmaceutical professions with a pure article. The present supply is liable to many contaminations, as it generally comes through the paint dealers.

All that I have given in recent years I have had washed with water and alcohol to rid it of commercial impurities. It is my opinion that it should be *re-distilled* for internal use. If some of our manufacturing chemists or wholesale druggists would take up this matter and put up a reliable product in neat pound bottles, convenient for dispensing, bearing their labels, certifying to its purity, select quality, etc., it would meet with a ready sale at a good, fair price. We could then specify on our prescriptions what brand we wanted. Suppose a physician had an important patient under his care and he prescribed turpentine, would he be satisfied if he knew that it had passed through a paint shop and been measured in the same utensils used for dealing out other oils, varnish, etc? Yet that is the source of the ordinary supply.

Let us have all our medicines as pure as possible. A short time ago I noticed an article, which I think went the rounds of almost the entire medical and pharmaceutical press, recommending creasote as an injection for the speedy cure of gonorrhea and gleet. It was supposed to destroy the gonococcus. I thought I would try it as it appeared plausible, and I ordered it in three cases that I could watch. It did *no* good. I had to abandon it and fall back on the old reliable—argenti nitratis—two grains to eight ounces of water, used two or three times a day in lingering cases. It is the best of all that I have tried in many cases. The great mistake that is made in using injections is that they are used about four times too strong.

Camden, N. J. G. W. HENRY, M.D.

Safe Anesthesia.

Dr. M. M. Latta, of Goshen, Ind., calls attention to the fact that Prof. Keen, in his address before the Amer. Med. Ass'n, said that no safe anesthetic had been discovered, but that he believed one would be. In this connection he calls attention to his article on Safe Anesthesia in April WORLD, page 151. Please turn to this article and read it again, and report any experience with it.

Cholera Infantum.

Dr. F. M. Hill, of Persia, Iowa, gives the following outline of his treatment for cholera infantum: If vomiting, give three to five grains of of calomel; if retained, follow with repeated doses of that good old preparation, neutralizing cordial. When the stools change color, give quinine to check periodic tendency. If the vomiting continues he gives the following:

Sulph. morph.	. .	gr. ss
Tr. nux. specif.	. .	gtt. ij-vj
Bis. subnit.	. .	gr. x-xv
Aquae	. . .	oz. ij

Mix, dissolving the morphia in a little of the water first. Shake, and give half to one teaspoonful after each vomiting.

Corrections.

In July WORLD, page 275, in second line after formula in middle of first column, instead of "after each meal," read after each *stool*. Better take a pencil and mark the correction now.

Also on page 265, middle of first column, "I can do this in two ways" should read: It can do this in two ways.

Our offer of last month to send World for the remainder of 1897, for 25 cents, was responded to by a great many new readers, who, we hope, will stay with us for many years This month we will offer to send World on trial from now till the end of 1897, for only 20 cents. Take a trial trip with us, after which we think that you will continue the journey in our company for many years to come. We want to help you to cure your patients; and we want you to help us. Mutual help is the best kind of help. We want all to join in it. We need you, and you need us Don't procrastinate. Send to-day. Stamps will do.

Digitized by Google

Quiz Department.

Questions are solicited for this column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication) will not be noticed.

The great number of requests for private answers, for the information and benefit of the writer, makes it necessary for us to charge a fee for the time required. This fee will be from one to five dollars, according to the amount of research and writing required.

Editor MEDICAL WORLD:—I would like to have best treatment for black eyes, such as generally result from fighting. Also, shortest, quickest and best means of sobering a drunken man.

Cadott, Wis. R. B. CUNNINGHAM.

[The local application of leeches will help to remove the discoloration in "blacked eyes," but there will be a residue of extravisated blood that will have to await removal by absorbtion. This process may be hastened by the correct use of electricity. A sudden cold bath will sober a drunken man if not too far gone, in which case it will do harm. We hope that our readers will discuss this question.—Ed.]

Editor MEDICAL WORLD:—It is stated on pretty good authority, but yet not entirely satisfactorily, that diplomas from no American medical college are recognized in any of the European countries. Can you settle this dispute, or if not, can any of the numerous readers of THE WORLD say, exactly, how American medical colleges are rated, as compared with those of European medical schools?

A. C. MATCHETTE, M. D.

Bourbon, Ind.

[Who can give definite information?—Ed.]

Editor MEDICAL WORLD:—Please tell me in next WORLD how much bichloride of mercury a healthy man could take after eating a hearty meal without serious results. M. S. MOORE.

Redfork, Ark.

[Don't know. Refer to the books and learn the lethal dose. You should have done this before writing the above; then you could have sent with the above all that you could learn on the subject from the books and ask any further questions not answered in the books. Perhaps the lethal dose would vary according as the stomach is empty or filled, and the nature of the contents if filled. Consider yourself a committee of one to report briefly what authorities say on the subject, add any experience of your own, and ask any questions not satisfactorily answered in the course of this investigation.—Ed.]

Injection Cure of Hernia.

Editor MEDICAL WORLD:—Several months ago an Iowa physician wrote me concerning the injection method of treating hernia and a formula I published. It succeeds in only a small percentage of cases. They must be in good health in order to obtain an inflammatory exuate that will cause the walls of the inguinal canal to adhere and remain so. I have failed in more cases than I have succeeded.

I cured one case with Dr. Walling's fluid, but his fluid is too thick and requires a large needle which makes the operation very painful.

I purchased one of his syringes, but a man needs three hands with which to use his instrument. Mine is for sale at half price. It is in good repair.

I. B. WASHBURN, M.D.

Rensselaer, Ind.

REPLY.

Not all cases are amenable to treatment by injection, but the majority are. Others report better success than does Dr. Washburn. If my fluid is too thick, it may be carefully diluted with a little dilute alcohol, but I use it with a small hypodermic syr. in many cases, without any difficulty. The fluid is absolutely safe and as certain as anything can be. Dr. Washburn has one of my first syringes, the needle being without a trocar point. It will be changed at a nominal cost.

The improved method with my fluid and syringe when treating indirect hernia is as follows: Invaginate the scrotum, follow the finger with the trocar needle, and thrust it boldly and quickly through the scrotal wall directly into the outer ring, the end of the finger still engaging the ring. Then withdraw the finger, screw down the canula and follow up the canal by manipulating the instrument. When well up, make the injection. There is not as much difficulty in this operation as in tapping a hydro-

Digitized by Google

cele, for the latter is generally done with a larger trocar.

If the Doctor will try this method with a recent needle, I think he will have no trouble. WM. H. WALLING, M. D.

1606 Green st., Philadelphia.

Hysteria.—Masturbation.

Editor MEDICAL WORLD:—I received a sample copy of June WORLD containing an article on "The Treatment of Hysteria," (p. 221), which pleased me greatly, and I now inclose my subscription. I had at the time a case of hysteria under treatment, so I prepared the medicine as directed and at my next call gave one dose, directing that a dose be given every five minutes until relieved. She straightened up in bed, opened her eyes for the first time in twenty-four hours, and exclaimed: "Doctor, you must want to kill me." One dose sufficed.

I would be pleased to hear something through THE WORLD on masturbation. A good, honest, sober, intellectual young man came to my office, confessed and asked help. Give me some light if you can. B. F. CHAMBERS, M. D.

Westphalia, Ind.

[Draw a small fly-blister on the penis. He will let it alone until it gets well. Then draw another, and so on till the habit is broken.—ED.]

Pin Worms.

Editor MEDICAL WORLD:—On page 210, May WORLD, I ask the brethren for the best treatment for pin worms, and no one seems to make reply. Now the fact is, this town is infested with these intestinal parasites. I have no less than seven patients under my treatment at the present moment and I cannot get rid of the worms in a single case, to be sure that they are entirely eradicated. Now don't boil this letter down to two words, "pin worms," and then drop it, but give me something yourself, or ask Dr. Waugh.

Fortuna, Cal. W. D. F. WARD, M. D.

[Doctor, what have you done? I do not know any treatment for these parasites except the accepted treatment given in the books. Please read up thoroly on the subject and tell us all the plans you have tried, how tried, and the results. Remedies given by mouth are rarely sufficient. Injections into the lower bowel must be relied on chiefly. Quassia is the best single remedy I can bring to mind. Give the infusion internally, as it is an excellent tonic, as well as a poison to the parasites. Also inject the infusion into the lower bowel and wash the anus and surrounding external parts thoroly, including the vulva in females, with the infusion. If this is done every day, faithfully and persistently, for from one to three weeks, you should have no trouble in eradicating them. Quassia chips are very cheap, and the infusion is made by simply putting the chips in cold water for about twelve hours.—Ed.]

Editor MEDICAL WORLD:—I wish to ask advice of the WORLD family in the following case: Hazel M., age 5 yrs., medium size, well nourished, active in habits; subject to sudden seizures since 2½ yrs. old. They appear at irregular intervals without regard to exercise, food or time of day, except that none have been noticed at night. Eats and sleeps well and excretory functions are all regular.

While engaged in play she will suddenly cry out,

"oh I am sick";

and putting her hand on her head, will run to the person nearest her and ask for cold water to be put on her head. Keeps eyes downcast, but does not lose consciousness, and hearing and speech remain normal. Sensation of pain confined to vertex; face becomes flushed; no muscular contractions of abnormal character. Will resume play or other occupation in a few minutes apparently as well as ever.

Brethren, what is it and what is the treatment that will be successful?

R. S. FROST, M. D.

Kinmount, Ontario, Canada.

Send questions to the Quiz Department, but first exhaust all your resources of research. Then you will often have interesting and valuable information to report, instead of a question to ask. Don't send questions the answers to which you can find in the standard text books. This makes it appear that you want others to do your reading for you. *Ask questions*, but first take pains to know what the books say on the subject. Report your difficult cases for assistance, but let your report show that you have been studying and thinking hard on the case.

Digitized by Google

Current Medical Thought.

The Discharges in Infantile Diarrhea.

This classification, based upon the gross appearances of the stools, recognizes four principal types, under which may be included practically all varieties of the so-called "summer complaint." These are the (*a*) mucous, (*b*) the serous, (*c*) the pasty white, or musty, from its odor, and the dyspeptic; subdivided into (1) acid and (2) alkaline.

(*a*) The mucous stool, whose appearance is familiar to every practitioner, presents a discharge usually small in amount, frequent, and characterized by whitish, ropy mucus of a gelatinous consistence. It may be faintly streaked with blood or stained with fæces. Some authors have attributed the presence of this stool entirely to nervous disturbance of the secretive functions, presided over by Meissner's plexus, in the gut. As a matter of fact, this discharge is frequently associated with the nervous derangements of teething, and is frequently found in the children of families of distinct neurotic tendency. While this may all be true, it is equally true that this stool in a large number of the cases is the result of errors in diet, and where no neurotic tendency can be made out.

The secretive function of children being more active than in adults, the delicate mucosa of the bowel finds itself more susceptible to the influence of local irritants. Oversecretion thus with an abundant outpouring of mucus is easily produced. This mucus may come from the whole alimentary canal, or from any part of it. It is a matter of some importance, too, to be able to locate just what area it does come from.

In dysenteric states, where the colon is affected, the appearances are somewhat different from those described. Instead of mucus streaked with blood, there may be quite a bloody stool, and sometimes a stool known as hæmorrhagic, which consists almost entirely of blood. There are also much tormina and tenesmus, and the pain rapidly exhausts the little patient if it is not relieved.

Should ulceration be present, it may be determined by the occurrence in the discharges of pus and shreds of necrosed mucous membrane, in addition to blood and mucus.

Treatment in each of these stools opens up such a wide and varied field for discussion that it will only be referred to rather than discussed in this paper. If the disturbance is neurotic in origin, with mucous stools, remedies designed to restore normal nervous tone may be employed, good hygiene being of first importance in all cases. If the history points to the presence of local irritants from dietary imprudence, a full dose of laxol, which is a palatable preparation of castor oil, sweeps clean the Augean stable of its offending matters and mucus. Bismuth then in large doses, held in suspension with mucilage of acacia, is valuable for its sedative, mildly astringent, and antiseptic action.

Should a dysenteric state be present, calomel and ipecac, internally, are of value. The more rational mode of treatment, however, would seem to be that of local applications to the diseased part by means of medicated enemata—nitrate-of-silver solutions standing among the most valuable for this purpose. It is also among the best when ulceration is present.

(*b*) *Serous Diarrhea.*—These stools are represented by copious watery discharges, which hardly stain the napkin. It is termed choleriform diarrhea, or cholera infantum. Associated with such stools may be severe vomiting, and usually a profound state of collapse. The severe shock under which the little patient labors is ascribed, on the one hand, to heat exhaustion; on the other, to a severe toxemia from infected food. The clinical picture in either case is the same. The vasomotor system is profoundly depressed, and the abundant flow appears to be caused by the relaxation of the intestinal vessels supplied by the splanchnic nerves. The alimentary canal, as some one has said, presents a condition of millions of minute leaks, through which the young life rapidly drains away, unless the leakage is soon stopped. Whether the appearance presented by a helpless babe, restless, pinched of face, and pallid of countenance, is the result of heat stroke or milk poisoning, the indication is for prompt and decisive action on the part of the attendant. Tempori-

Digitized by Google

zing here means death to the child. If heat stroke is the cause, the same indications for treatment obtain as in the adult. Whether due to heat or poison, the point to be emphasized is that a dangerous condition confronts us—a disorganized physiological state is present. Unless this aspect of the case is recognized and the depressed state of the nervous system promptly restored to its normal tone, a few hours or a day may leak the reservoir of life so low that death supervenes.

Abdominal counter-irritation is valuable and should not be forgotten. Morphine and atropine, for their stimulating effect, may be used hypodermically in minute doses. Champagne and brandy are valuable. Lavage of the stomach may be employed to check vomiting. Rectal enemata of saline solutions also have their advantage, for by this means lost serum may be restored to the blood, while excessive purging may be allayed by rectal injections of starch water and laudanum.

(*c*) *The Pasty White or Musty Stool.*—This stool is often included by writers on the subject as a form of cholera infantum. The discharge is hardly visible on the napkin, and has the appearance of a paste made of water and chalk. The odor is musty or mousy, and is characteristic of this stool. There is usually a history of having taken indigestible food, or of its having been preceded by one of the other forms of diarrhea. The general clinical symptoms are not as severe usually as in true cholera infantum, but are not markedly different from those of other diarrheas.

The stool indicates a complete atony of the glands of digestion. Through the influence of micro-organisms every gland in the alimentary canal appears to be inactive.

Treatment here should be prompt, its object being to restore activity to the glandular functions. No agent is more effective for accomplishing this than the bile itself, for this, with its antiseptic action, is one of its most important natural functions. Podophyllin in one-twentieth-grain doses has been found very valuable in flooding the bowel with bile and bringing to terms the languid glands. As long as this pasty stool continues astringents are contraindicated. They will only lock every gland tighter and tighter. When the stools become bilious, Nature usually accomplishes the rest. If a catarrhal condition should remain, however, then, and not till then, are astringents indicated.

In each of these three phases of diarrhea it is generally accepted as advisable to withhold all food for a short time. In the mean time thirst may be allayed by barley water, and the child usually does not suffer from want of nourishment for a day or two.

(*d*) In the next class of *dyspeptic* diarrhea, however, the whole management seems to be a question of artificial feeding rather than the administration of medicine. The trouble may last for months unless proper feeding be employed.

The stools may be divided into two varieties: The first of these is characterized by a discharge leaden in color, acid in reaction, and by the sour, disagreeable odor of fermentation. The second is characterized by a grass-green stool, alkaline in reaction, and of a most foul and offensive odor. Intermixed in the discharges of either the acid leaden or the alkaline green stools may be seen curds of undigested food. The first is typical of the bacteria of fermentation; the second of the bacteria of decomposition, and the alimentary canal affords a splendid test tube for the cultivation of these organisms.

This disease is one of hot weather, the warmer temperature making the always easily infected milk still more congenial to the growth of the bacteria, which get into it through unclean nursing bottles, contaminated nipples, and in many other ways.

The first indication is, of course, to free the bowel as completely as possible of its offending contents. This may be done by a full dose of laxol. The adjustment of a suitable diet may then be considered. This is frequently a matter of much difficulty. Escherich, who has made much research in this field, advises, in the acid-fermented stool, the withdrawal of all carbohydrate foods, milk, etc., and the administration of beef juice, albumin water and meat broths. If, on the other hand, the green alkaline stool is present, these foods should be

Digitized by Google

prohibited and carbohydrates given. It is often necessary, however, to exclude either one or the other class entirely, or practically so, from the diet, in order for it to succeed. It is hard to find a food product which will do this.—Dr. W. E. Darnall, in N. Y. Med. Jour.

For Bowel Troubles of Children.

The following has given me better results in cholera infantum and stomach and bowel trouble of children than any other thing I have used this summer.

R.	Aromatic spts. ammonia - -	dr. j
	Deod. tinct. opium - -	gtt. xvj
	Peptenzyme - - -	dr. ss
	Bismuth subnit. - - -	dr. ij
	Syr. simp. - - - -	dr. iij
	Comp. chalk powder - -	dr. iij
	Aqua cinnamon - -	q. s. ad oz. ij

M. Sig.—Shake well and give teaspoonful every three to four hours.

In infants less than six months I use comp. tinct. opium dr. ss instead of the tinct. of opium and give half the quantity.

The vomiting usually stops at once and the diarrhea gradually becomes less frequent and changes for the better. If the above serves others as well as it has me I will be pleased. I am confident it has saved many little lives for me through the hot weather.—L. G. Walker, M. D., of Pound, Wis., in Med. Summary.

[The Doctor writes us that the above has not failed in any case yet.]

Points in Treatment of Children's Diseases.

Barley water is prepared by adding one tablespoonful of barley grains to one pint of scalding hot water, allowing it to stand and then straining; it is a valuable addition to the diet, exerting an astringent action on the bowel in case of diarrhea.

Oatmeal water is prepared by the addition of one tablespoonful of oatmeal to the pint of scalding water, allowing it to stand; strained and administered, it exerts a laxative action.

If the child vomits, is feverish and has frequent stools, the milk should be stopped altogether for twenty-four to thirty-six hours and albumen water substituted.

Albumen water is prepared by adding the white of one raw egg to eight ounces of water; in addition, the child should get light chicken or mutton broths or freshly extracted beef juice.

Brandy and water form a good stimulant and may be administered in ten-drop doses six or eight times a day. The administration of a dose of castor oil, guarded by some brandy to prevent griping, is of excellent value to clean out the irritating material from the intestines. Lavage of the intestines is of first importance in intestinal infantile disorders. It is usually accomplished by the use of a No. 11 or 12 soft rubber catheter and a fountain syringe with one or two quarts of warm water. The best result is obtained if the infant is placed on its abdomen across the nurse's knee, the water being at a temperature of 100° F., and a little soda or salt added to it. Great relief is obtained from the evacuation of the flatus and feces. In chronic cases some antiseptic and astringent must be added to the water, thus:

Boric acid, ½ ounce to the quart.
Creolin, 30 drops to the quart.
Sodium salicylate; 10 gr. to the quart.
Thymol, 1 part in 2,000.
Mercuric chloride, 1 part in 10,000.

The use of the solution of mercuric chloride should be followed by irrigation with warm water; this irrigation of the intestines not only removes the flatus and feces, but exerts a stimulant action upon the bowel.—Dr. E. P. Davis, in Philadelphia Polyclinic.

The Omnipresent Milk Can.

'Tis said there are sermons in stones, in all sorts of commonplace things—and more than this to us, is the sermon to us in the upright and ever-present milk can from which the dairyman dispenses the lacteal fluid that assists so many little ones to daily food. Because it is so commonplace, because it is so familiar, we are prone to shut our eyes to the dangers that are liable to pervade it.

While cows' milk is without doubt near the top of the list of foods for babies, yet it easily becomes an element of danger, and a harbinger of poisons which it requires much care and skill to eliminate.

We are beset with milk danger on every side—the very forces of nature created for our own use become changed from beneficent factors to threatening

Digitized by Google

dangers, as soon as they pass from our control.

The four old elements—earth, air, fire and water—each protects us, each soothes us, but let them get the reins in their own hands and death and destruction ensue.

So with milk. Of itself and under proper sanitary conditions it is a veritable elixir of life; but change those conditions—allow the veriest mote of filth to creep in and it becomes a culture for the deadliest germ.

At the meeting of the International Medical Congress of 1881, Dr. Ernest Hart, editor of the British Medical Journal, read an exceedingly important and interesting paper on the "Influence of Milk in Spreading Zymotic Disease." A later report says that he has gained evidence of ninety-five new epidemics caused solely by milk-infection. Of these forty-eight were outbreaks of typhoid fever, thirty-two of scarlatina and fifteen of diphtheria. He says that he is confident that this number, large as it seems, but touches "the fringe of the matter." He tells us that he "had occasion to omit many so-called 'milk-outbreaks' on account of the scanty thread which ran through the argument for milk as the vera causa of the particular epidemic." The cases chosen were such as clearly showed a causal relationship in several directions. In one epidemic at Upton, 77 per cent. of the families using the milk from a common source were attacked and 37 per cent. of the members of these families were made sick. In an epidemic of scarlatina in Glasgow, Scotland, "out of 193 families supplied with a particular milk service in one round, there were 57 families invaded and 91 individuals attacked; while of 166 families on another round there were 37 families invaded and 59 individuals attacked. Moreover, in one street 21 families, being more than half those supplied with the milk, were invaded, and yielded 29 cases."

In this country milk trains loaded with hundreds of gallons of milk bear this necessity to the larger cities. The milk must pass through so many hands ere it reaches the consumer that there is little chance for safety without sterilization of some sort.

In the smaller cities and villages there is a diminution of handling and the milk as a rule goes directly from producer to consumer, but then there is another factor, and that is, how is the cow fed? —and this opens up another long vista of investigation.

Clean milk, from grass-fed cows, is a valuable food, and, when carefully sought for and insisted upon, can be produced.

Earnest work along these lines will do much to alter the death rate for small infants and is worthy the earnest efforts of us all.—Woman's Medical Journal.

The Temperature of Milk Given to Nurslings.

When asked by a mother what should be the temperature of milk given to an infant, a physician usually advises, that it be given lukewarm. The answer is really meaningless, as it does not indicate any precise temperature. If one thinks for a moment on this subject, it seems that the temperature of the milk fed to an infant from its mother's breast should be the natural guide, when seeking for the proper temperature of milk given in an artificial manner.

Dr. Smester, a French physician, who has investigated this question, has, by an ingenious contrivance, measured the temperature of a woman's milk when it leaves the breast. He finds, that milk in the breast of a nursing woman, has a temperature close to that of the exterior of the body; that is to say, 97⅜ to 98⅝ F.

This physiological truth has its practical side, which physicians should not be slow to utilize. Mothers should be advised to give milk to their babies at 98⅗, or, better still, 97⅜ degrees approaching thus as near as possible to the temperature of mother's milk. They should be cautioned against heating the baby's drink too much; on the contrary, they should be advised to lower its temperature to 96⅘, or even 95 degrees, and even still lower. It is generally observed, that most babies refuse to take milk that has been warmed to a temperature over 98⅜ degrees.—J. J. C., in Canadian Jour. of Med. and Surg.

Treatment for Over-Fatness.

Dr. W. T. Cathell, of Baltimore, has discovered the following remedy for overfatness:

A glass of artificial Kissengen water to

Digitized by Google

be taken about twenty minutes after each meal, for one day; the next day take artificial Vichy water the same way; the third day return to the Kissingen, alternating in this way each day. He claims that there must be a peculiar reaction between these two waters, resulting in a diminution of the fat cells. This discovery was made by accident. He reports a number of cases proving the efficacy of the treatment. Perhaps to alternate the waters from meal to meal, instead of from day to day, would do as well or possibly better.

Hay Fever.

Over a year ago I read and published a paper entitled, "Hay Fever—A Successful Treatment Founded on a New Theory" (see The Physician and Surgeon, January, 1896), which has attracted enough attention to lead me to give you a synopsis of it and then discuss a few points which the intervening months have brought forward.

In that paper, I endeavored to show that while pollen, as a rule, played a part in the production of this disease, it did not irritate the mucous membrane nor produce a vasomotor paresis by its direct influence; that the amount of pollen in the air was too small to act as an irritant; that in hay fever subjects it brought about the formation of a toxin which was the real exciting cause; that in all probability a protoplasmic substance found in pollen and elsewhere in the vegetable kingdom acted as a ferment, changing materials found in the nares or Schneiderian membrane into toxin. Further, that the power to inhibit the formation of toxin or toxins depends on the condition of the blood and the circulation in the turbinated bodies and septum, and that anything impeding free drainage would handicap nature's resistive efforts. In other words, poor circulation due to hypertrophies, turgescence and paresis, as well as lack of drainage and certain conditions of the blood are the principal predisposing causes. That it is quite probable too great an alkalinity of the blood and nasal secretions was a very important predisposing cause, which if removed by suitable nasal washes and internal medication would prevent or relieve the attacks. I also advanced the theory that the toxin or toxins could not be developed in acid solutions, that if we could change the reaction of the nasal secretions to acid we would cure the disease, and I stated that a wash of

℞	Acetic acid	♏ ij
	Resorcin	grs. jss
	Sodium chloride	grs. iv
	Aquae	oz. j

gave complete relief in many cases. Further, that large doses of muriatic acid, well diluted, increased the body's resistive force, so that in the majority of cases it inhibited the generation of the toxin, possibly by causing an increased production of certain constituents of the blood, but more probably by lessening the alkalinity of the blood and nasal secretions.

If this theory is correct it partially explains why only a certain percentage of those having obstructive pathological conditions of the nares are hay fever subjects and why the introducing of large or small quantities of the obnoxious pollens into the nares of all others affected them no more than any of the ordinary dusts.

Many correspondents have asked me concerning the dose of muriatic acid I advise, and suggest that I must refer to the dilute muriatic acid. I find most hay fever patients tolerate very large amounts of this acid if well diluted and given in divided doses, many of them feeling stimulated if I give one dram of the chemically pure acid during each twenty-four hours. If they are treated for two or three months before the expected attack by the internal administration of the acid much smaller doses answer. Several close observers have written me that they obtained the most surprising results by administering the acid in this way, while others have preferred the free administration when the attack occurs, claiming that in cases in which from one dram upward was taken in twenty-four hours, the best results followed. Several correspondents have asked me, why, if my theory is correct, the use of the wash and the internal administration of muriatic acid will not give complete relief in all cases? To me it seems unreasonable to expect decided relief while paresis, dilatations and hypertrophies obstruct the nasal circulation, or while a

Digitized by Google

deranged system supplies a defective blood, likewise while the abnormal secretions are retained in the nares. As a rule, there is considerable stenosis which makes it impossible to reach more than a limited part of the nasal cavities with our wash, and those limited parts for only a few moments once in every three or four hours. Here, as everywhere else, we use remedies not to make the cure in spite of nature, but to give some assistance to struggling nature that it may have the tide of battle turned in its favor. Everyone knows there is a never-ceasing conflict being fought in our systems. On the attacking side, arrayed in all their different forms and degrees of virulency, are our microscopical enemies, while on the other side are nature's germicidal forces, resisting attacks and slaughtering the invaders so long as they are not overwhelming in virulency or numbers. Nature works every moment while our wash can exert its influence for a very few minutes during the twenty-four hours. Yet this momentary assistance is frequently sufficient to bring about great relief. Where we have complete nasal stenosis a wash cannot be used with advantage, nor can the internal administration of muriatic acid so improve nature's resistive forces that in all cases they will be able to prevent the formation of the toxin in spite of the deficient drainage and deranged circulation. Further, it is possible there are several toxins, any one of which may cause hay fever, and these toxins may require different influences for development, and, as a consequence, require different treatment.

Our every-day clinical experience teaches us that if my theory is correct we can achieve great results only when we strive to get good drainage, healthy circulation and normal tissues to assist our more specific remedies of muriatic acid internally and an acetic wash in the nares. Many correspondents have asked me about the resorcin, as they thought it irritated in a fair percentage of cases. My own observation teaches that it is well to omit the resorcin in any case if it appears to act unkindly. The free use of muriatic acid internally appears to have a decided influence in preventing the return of the disease in the succeeding years. Of course, it is too soon to give any positive statement, since we have had only one year's experience; yet my observations lead me to think it will make permanent cures. On this point I have not the advantage of the experience of other observers, as I did not read my paper until November, 1895, but from many of our best specialists I have the strongest evidence that my treatment is by all means the best offered.

During the year I have spent considerable time investigating the "impact theory" and find the amount of pollen in the air is far too small to have any injurious mechanical, medicinal or poisonous influence. I have traveled up and down our country roads and over fields endeavoring to estimate the amount of ragweed, goldenrod, rose bushes, etc. My calculations give one ragweed plant for every thousand square feet surface measure, and from inquiries I learn that hay fever patients obtain no relief by an elevation of several hundred feet, so that it is quite probable the pollens which cause hay fever float even one thousand feet above the earth's surface. If we place the height they rise at five hundred feet, we have one ragweed plant for every five hundred cubic feet of air, not for one day only, but for six weeks at least. If the whole plant were pollen, it could not become either a mechanical or medicinal irritant when mixed with half a million cubic feet of air. It would be a dilution of one part pollen to fifteen or twenty billion parts of air. I have taken ragweed pollen as the basis for estimating, since the rose and goldenrod pollens are much smaller in quantity.

During the early part of September I arranged a contrivance to force a known amount of air against a plate of glass besmeared with glycerine, that I might collect all the pollen in the air used. I also forced a known or measured amount of air through a double filter of absorbent cotton. On the first filter I found a few grains of pollen, but none on the second, showing that the first retained all the pollen. Both of these experiments demonstrated that the amount of pollen in the air is so small that it is a physical impossibility for it to exert any direct or immediate noxious influence. Estimating the average volume of tidal air at twenty-five cubic inches, my experiments

Digitized by Google

show we inhale not more than one grain of pollen for every thirty respirations. If my estimates are approximately correct we are forced to accept the theory that either the pollen or something it carries into the nares acts as a ferment and that it is the toxin or toxins generated from substances in the nasal chambers or Schneiderian membrane that is the cause of hay fever; and our efforts to prevent and cure this miserable affliction should be directed against the formation of this toxin or toxins.

Before concluding, I wish to express my emphatic protest against the use of morphine for the relief of hay fever. No one can use this insidious, alluring and enslaving drug during the weeks and months of the hay fever season without serious risks of forming an unconquerable appetite for it. I am astonished to notice a few writers advising its use in, what appears to me, a reckless manner. I shall quote from one which I think is capable of doing great harm. It is found on page 48 of the January issue of The Laryngoscope, and is given as an extract from an article in The Medical Progress, December, 1896. It is as follows:

"The exacerbation of the hay fever was treated by the local application of a five per cent. solution of cocaine to the nasal mucous membrane, but this was only of temporary benefit; the effects of an application would wear off in one to three hours. Fifteen to twenty drop doses of dilute nitro-muriatic acid, or half-dram doses of dilute phosphoric acid, administered three times daily, proved of signal utility in abridging the attacks. But one-eighth of a grain of sulphate of morphia, with a ninetieth of a grain of sulphate of atropia, administered by the mouth every one to four hours, proved the most effectual treatment."

In my opinion the advice to give one-eighth grain of morphine from six to twenty-four times a day from early in August until frosts occur, year after year, for hay fever, is most dangerous and altogether against the best teachings of our day. You will notice that the writer says the internal use of nitro-muriatic acid or phosphoric acid was of signal utility. Had he used muriatic acid he could have given much larger doses, and his results would have been far better.—DR. W. F. STRANGWAYS, of Flint, Mich., in The Physician and Surgeon.

Consecrate Your Work.

"And yet I went back," replied the old man calmly, "I thought: Consider, if you think that there is too little reverence in the dissecting-room, you must simply carry some into it. At least for your own personal use. Many a calling is sadly vulgar, yet man can consecrate it. For coarseness in general, abominable, despicable coarseness, you will never be able to banish from the world. There are vulgar creatures everywhere, even in the temple of knowledge; and men of refinement, even in workshops and mines. The right man consecrates his calling and his work himself. Even if the work is only for money and property, for worldly vanities, man can by a good thought give it noble meaning. The miner, as he goes down into the earth, says: A happy return! The peasant who sets plough to the sod, says: In God's name! The sailor puts out to sea with an appeal to Mary! So they all have their phrases and their prayers with which they refresh their hearts lest they perish and turn to stone. The young physician, of all persons, must not let his heart perish and turn to stone; he needs it too much for the suffering brothers and sisters to whose welfare he has consecrated himself. And so I, too, devised me a phrase, a prayer, for the dissecting-room. It did me good service."

"May I know it?" asked the son.

"You shall know it, Adalbert; you should have hit upon it yourself. You can interrupt your promenades through the room a moment and listen to me quietly. It is a very short lesson. Listen. When I entered the room, and before me on the table lay the form with the dull, yellow, waxy gleam, stark naked, cold as clay, clean shaven, the sunken eye fixed, the features expressionless, robbed of all humanity,—then I thought: 'Thou dear, fortunate dead man! While the most of thy kind must be given over to the earth straightway, thou art chosen to be useful to men even in death! Through thy remains, before they turn to ashes, the flames of knowledge and intelligence will be kindled, of power

Digitized by Google

and performance for the common weal, so that from thee, thou dead body, new life shall pass into the limbs of the sick. Thou art chosen to contribute to the welfare of humanity. I honor thee!'—Behold, my son, this thought made me strong. Protected by this thought, my heart escaped the danger of growing brutal in the dissecting-room, and thus protected, I think I saved for the sick-room what little idealism I had."

"That sounds different," said the student. "Perhaps I will change my mind after all. But why doesn't the professor from his desk talk of these matters?"

"Why, there has to be something left for the father to say."—The Open Court.

Methyl Salicylate in the Treatment of Gonorrhea.

By reason of the great power possessed by methyl salicylate of penetrating investing membranes, M. Duquaire (cited in the Journal des Praticiens for June 26th) has conceived the idea that it will reach the gonococci even when they are seated in the deepest layers of the mucous membrane. He reports a case in which its employment cured the disease in five days, but he does not generalize from that one case. He uses the following solution:

℞ Methyl salicylate . . .	1 part
Bismuth subnitrate . .	20 parts
Liquid vaseline . . .	100 parts

M. Three injections are to be given daily. The patient should urinate, then take the injection, and hold it in the urethra as long as possible. The injections are not painful.—N. Y. Med. Jour.

Taxing Physicians.

In some States the physician is heavily taxed for following his profession, in addition to being expected to give without cost his time to the needy poor in that State. In addition to the dispensary and hospital abuse the poor physician must give in some States a sum annually for the privilege of following his profession.

The State of Virginia, says the Virginia Medical Semi-Monthly, has been charging for the past ten years or more $25.75 for the license of a city doctor who has been in practice five or more years, and for the past two years, in addition to this, the Richmond City council has been extracting a city license tax varying from $20 to $75 according to the income received, the doctor of average prominence having to pay from $40 to $60 a year. Then in addition to this are the taxes levied on any property which the poor physician in his industry may have accumulated in his work.

Let death overtake this poor physician and his books, instruments and other tools of trade, together with his outstanding accounts, are sold out for a mere pittance, while in his life they were assessed at a high valuation. Why other professions are exempt and physicians are compelled to pay in Virginia is not evident unless it is because physicians are as a rule very unpractical men and do not know how to handle that genius called the politician.

It is estimated that the free services given by the physicians of Richmond to the poor of that city amount to about $200,000 a year. Many of the doctor's claims are worthless. It seems strange that the physicians of Virginia stand this unjust burden.—Md. Med. Jour.

Taxing the privilege of curing the sick is carrying taxation to a ridiculous extreme. It should be the other way about. Society really owes from $50 to $1,000 per year to every physician for the charity work he does. According to the Supreme Court, millionaires' incomes cannot be taxed, but in the "Old Dominion" physicians' incomes are taxed!

The Baby's Bath.

The hand is an unsafe guide by which to determine the temperature of the water. This should always be determined by the thermometer. A bath thermometer should, therefore, be a part of the equipment of every nursery. This consists of an ordinary thermometer of large size, set in a wooden case. The following table shows the proper temperature of the bath for various periods during the first two years:

At birth . .	100° F.
During the first month .	97° F.
One to six months .	95° F.
Six to twelve months .	90° F.
One to two years . .	86° F.

N. A. Practitioner.

Digitized by Google

Our Monthly Talk.

I ask for questions from our readers for this department in order to learn what problems among our many pressing industrial and economic questions are puzzling them. In politics, many are guided in casting their votes by prejudice or party affiliation instead of by a clear understanding of the questions involved. As intelligent a class as doctors should be guided by the latter, and every physician should be a light in his own community, casting an illuminated intelligence about him; in this way we can become the safe guards of this country, and lead it safely through the present threatening dangers to a high, peaceful and rational development. But we must study and think in order to do this.

I do not personally know Dr. Allen, the writer of the following letter, but judging from his former communications I believe him to be a candid and cultured gentleman. In that same spirit of candor, which we must always be careful to preserve, I publish and reply to his letter.

Editor MEDICAL WORLD:—Will you please answer fully and succintly the following questions?

1st. If, as you have repeatedly asserted, money is a "legal creation," why could not the highest law-making body we have, the Congress of the United States, make enough money in twenty-four hours by legal enactment to pay off our national indebtedness and have enough left so that every man, woman and child in the United States would have one million dollars in their pocket.

2d. How would it be possible to attain the impossible, by having a double standard for our dollar, as advocated by the free silverites? To illustrate: Mathematical science has decreed that one hundred cents should constitute the dollar; thirty-six inches, one yard; four pecks, one bushel, etc., etc.

Now to have a double standard in these measures we would have to have something *less* or *more* than one hundred cents for our dollar; something *less* or *more* than thirty-six inches for our yard; and something *less* or *more* than four pecks for our bushel.

If all nations would agree as to these several points the double standard could be carried out; but we would have always to specify which standard was meant, and in every other way it would occasion infinite trouble and annoyance.

If we have one hundred cents in gold, silver, paper, or any other commodity, to serve as our circulating medium, it is a dollar, single standard, and no species of mental jugglery can make anything else out of it. If we have several yard sticks to measure with, it does not add to nor detract from the fixed rule governing the number of inches constituting the yard measure. We may have a number of peck measures of different shapes and material, but it does not affect the iron clad rule, the single standard, that four pecks make one bushel. Therefore, I would like to know, how, in the very nature of things, we can have a double standard dollar?

Humboldt, Neb. L. B. ALLEN, M. D.

Taking your second question first, to define a dollar as one hundred cents is no definition at all unless we have a definite definition of one cent; and that we have never had excepting one hundredth part of one dollar. So that throws us back on the legal definition of one dollar. When one dollar was first defined by our laws, in 1792, it was ordained that it should be a legal coin of the United States containing 371¼ grains of pure silver. This definition stood until 1873. To say that a dollar is one hundred cents leads to nothing definite. The value of the cents depend on the value of the dollar, and not the dollar on the value of the cents, as the legal value or definition of the cent, as such, has never been established, and therefore could never be an index to the value of the dollar, the reverse being true. Neither in this respect, nor in any respect, does the analogy between dollars and cents on one hand, and yards and inches, bushels and pecks, etc., on the other, hold. You might have thousands of yard-sticks and not be able to get any cloth with them, except possibly by bartering many yard-sticks for one yard of cloth. Your measure for the cloth would not command the cloth. You might have thousands of bushel measures and not have any wheat, and not be able to get wheat with them except by bartering your measures, just as you would barter so many chairs, according to their commercial value, for wheat. On the other hand, with *one* yard-stick, you could measure *thousands* of yards of cloth, and still have your measure left, practically as good as before; and with one bushel measure you could measure as much wheat as you would need in a lifetime, and have the measure left to pass down to posterity. Don't you see that there is no analogy between these things and dollars? Comparisons like these only add confusion to the problem. But in a larger and a very different sense, money is a measure of value. The amount of wealth in a country remaining the same, the value of a dollar will depend on the number of dollars; if the number of dollars decrease, the value of each individual dollar will be increased; if the amount of wealth is increased, and the number of dollars remain the same, the value of each individual dollar is increased. This, and its converse, is a well established principle. It is called the quantitative theory of money, and it is recognized and endorsed by every authority on the subject of any standing. This does not apply to yard-sticks and bushels. The length of a yard-stick does not depend in any way upon the number of yard-sticks in existence; and the

Digitized by Google

size of a bushel measure does not in any way depend on the number of such measures in a country. So these comparisons are misleading and confusing, and they should be dropped entirely. Sometimes a comparison will illuminate a subject; then it is of value; but be careful that it does not throw you off the track and lead you into an interminable jungle.

Can there be a double standard of value? Yes. Can there be a double standard of measure? No! Why this difference? If a dollar should contain a given amount of silver or a given amount of gold, the cheaper will be used until the increased demand for the one and the decreased demand for the other will increase the value of the one most used, and decrease the value of the other until their values will approximate and remain about the same in a given ratio. This was true of gold and silver for many centuries previous to the early '70's, when, without the knowledge or consent of the masses of the people, one of these metals was set aside as a final measure of value. The schemers operating this game operated in Europe as well as in this country. In the early '50's they tried to demonetize gold. Their arguments then are amusing now. The California discoveries were their slogan, and they said that gold was "cheap," "not fit for money," etc. Germany actually demonetized it. But in the early '70's they reversed their tactics and demonetized silver in order to increase the value of money by limiting its amount. They succeeded all too well.

Values are Relative.

Doctor, I hope these misleading comparisons will trouble you no more. Measures are absolute; values are relative. There can be but a single standard for a yard or a bushel, and their parts of division and subdivision, feet and inches, pecks, pints, etc., are equally absolute. But values are entirely different. They are always relative. But the relations should vary as little as possible. A single standard, instead of being absolute, is the most variable. Our present single standard dollar has just about doubled in value since it was placed on the single standard Measured in our leading products, it is a double dollar—but a single standard. On the bimetallic standard of the centuries, without the intervention of mischievous legislation, it would still be practically a dollar—a single dollar on a double standard. But, as I endeavored to explain a few months ago, a multiple standard would be even better than a double standard, as it would adjust itself with greater exactness to the relativeness of values.

Now, let us turn to the first question. Is money a legal creation? Did you ever see any money that wasn't? I will give $100 for $1 that wasn't issued by legal authority, and yet is $1. This same principle of "legal creation" applies not only to dollars, but to all money. I have in my possession an old papal coin. It was money in the papal states in the time of the pope who issued it; but as the legal authority which issued it has disappeared, its money function has disappeared, and its only value now is the metal that composes it; or the coin as a curio. I have before me a silver coin dated 1665. Its money function has long since departed, its value now being as a curio. So the legal creation of money is no new thing. Money is a creature of law, a creation of law, in the country by whose authority it was issued; but when it goes into other countries it is treated as a commodity. In this event the gold is weighed and valued as if it were bullion; but paper money is valued according to the value of commodities it will purchase in its own country, minus carriage. We treat foreign money in the same way. French money is not money in this country, because French laws do not "go" in this country; but it has value with us as a commodity, or according to the commodities it will command in France, minus carriage, etc. Money is successful or unsuccessful, according to the wealth and power of the issuing authority, unless the money is printed on a substance of equal value to the money value printed thereon. This last is a common mistake even among wealthy and powerful nations.

And this brings us to the last part of the first question. The question itself is a grotesque absurdity. It violates all known theories of money. If money is a measure of value, it must maintain a constant relation to the values to be measured. If you define it as a medium of exchange, it must maintain a constant relation among the commodities to be exchanged.

We will assume as settled that money is a legal creation until somebody is able to show us some money not so created. Perhaps some one will claim that a gold dollar that a railroad train has run over, effacing every trace of the government's stamp, is still a dollar, because the gold in it is worth a dollar. But not so. You might as well claim that a dollar's worth of anything else is a dollar. The piece of gold would not be a legal tender for taxes nor debt—it would not be a dollar. It could be sold to a bullion dealer for its commercial value just like anything else, but it would no longer be a dollar any more than a dollar's worth of anything else would be a dollar. Perhaps someone might seek to disprove my statement by a negative, citing the Confederate money or the Continental money as failures of law to create money, therefore law cannot create money. Not so. There are failures in everything. The Confederate money would have continued good if the authority issuing it could have maintained it. The Continental money was largely over-issued, and also extensively counterfeited by England,

Digitized by Google

and at the close of the war, the continuation of which it made possible, it was dropped by general consent of the patriots.

Now, we are ready to go a step further. While the world has seen many failures of all kinds, including attempts to make money by legal enactment, yet the fact remains that all the money that has ever been made has been made by legal enactment. *Also* the value of the so called money metals has been established and maintained by legal enactment. The commercial value of gold to-day is not known. We know only its *legal* value, and we call it commercial value. As long as the mints of this and other countries are open to the coining of certain weights of gold into dollars, sovereigns, Napoleons, etc., and making these coins a legal tender for all purposes, taxes, debts, etc., making gold command all other property, this establishes and maintains the price of gold. The law does this for no other commodity. In some countries the law does this for silver, and we and Europe formerly did so.

Here is the great error that I wish to call attention to. All money is issued by legal enactment, but the law says that it will coin a certain commodity into money at a certain rate, thus giving a special privilege to this commodity aad making all other commodities subservient to it. Instead of one commodity (or two, if you please) being supreme, money should control all commodities. Money is not wealth, but only a representative of wealth. A gold dollar is no less a representative than a paper dollar, for while it is being used as money it cannot be used for the special metallic uses for which nature has fitted it. It is like writing a deed to a house on a plate of gold of equal value with the house. It is an enormous waste, for money in its legal capacity is a title to wealth; and money made of gold and silver is just like titles to property written on gold and silver.

Now for the Doctor's question: Why not make enough money in twenty-four hours to pay off our national indebtedness and to give a million dollars to every man, woman and child(!)? Money being a title to wealth, and there not being that much wealth in the country, the issuing and distributing of titles to that which does not exist would be an absurdity. Try printing and distributing deeds in the same way, and see how rapidly you become rich. If you could write the deeds on gold and silver you would be rich to the extent of the gold or silver—but if you had that to begin with you would be no richer unless the law would establish a legal value for your gold and silver, and offer to coin it, free, into deeds, and decree that these deeds shall command all the property in sight. To print paper deeds that must be redeemed in these metal deeds only removes the difficulty a step, as anyone can plainly see. The question is, why make metal deeds at all? Paper deeds do as well and better, when not issued where there is no property, and the metals in the metal deeds, "the money of barbarism," should go to the arts, where they belong, there to serve man according to their nature, as designed by the Creator.

Do you see the absurdity of metal titles? Do you see the absurdity of issuing paper titles beyond the existence of wealth? Perhaps you are now ready to consider rational paper money, attuned to the production of wealth, which it would represent, and to which it would be a title. Labor exchange checks are a good kind of paper money. The producer brings his product, and receives checks for it. These checks represent either this particular product, or an equal amount of value in any other product; the checks are titles to just that much wealth, in any form that the possessor of the checks may choose. The checks are not issued until the product—the wealth—is created and brought to the exchange. What do you think these checks (titles) are made of? Gold? No. Silver? No. Paper; a cheap and the most rational material for the purpose.

Gladstone's Startling Statement.

The rate of production of the precious metals is not regular. There may be a sudden discovery of gold or of silver; or there may be a dearth of either or both. The consumption of both these metals in the arts and sciences is increasing constantly. On the other hand, the production of other forms of wealth is increasing by leaps and bounds. Machinery has multiplied the effectiveness of human endeavor many fold. This century stands out preeminently as the century of production. It is reported that Gladstone calculates that the wealth created during the first 50 years of this century was greater than during 2000 years previous! and during the next 25 years, equal to the first 50 years of the century. What does this immense fact mean? It means that wealth has been increased in this astounding way, but the titles to wealth (dollars) have not been increased in anything like such a ratio. Is it any wonder that dollars are more valuable than they formerly were? Is it right that they should be? Those who possess dollars, or gold, from which dollars are at present made, or bonds to be paid in these dollars—the possessors of these things and those who receive stated salaries think it is nice. They like to see things getting cheap. They say that it is "so much better for the laborer"! But how about those who produce food or other articles for consumption, and with these articles must buy dollars with which to pay taxes, interest, debts, etc? And how about merchants who carry large stocks of goods, falling in price? Where is the justice in this? What will happen if the possessors of the titles continue to enslave those who produce the wealth, by spreading the titles over the wealth as fast as it is produced?

What does justice demand? Simply that

Digitized by Google

titles (dollars) increase in the same ratio that wealth increases. Then the dollars would remain on a par with the wealth. Now the titles (dollars) are about 100 per cent above par. The production of gold has not kept up with the production of other forms of wealth which gold is expected to measure. The fact that gold is increasing in value causes men to hoard gold and money based on gold Is it any wonder that business is dull, and many are out of employment? When money is growing dearer and products growing cheaper, men will take money out of productive enterprises and put it in safe places. This causes congestion in the banks, particularly in the large eastern cities. Doctors know the evil results of congestion in the nerve centres. To the evil of monetary anemia we have added monetary congestion of the brain. Wouldn't a hot mustard foot-bath, to draw the blood to the feet, be a good thing? Afterward, increase the number of red blood corpuscles as rapidly as possible until the normal requirements of the system are reached.

Fictitious Money.

It is plain that titles to wealth printed on gold and silver is a ridiculous waste. It is plain that the increased value of gold is caused by the more rapid production of other forms of wealth which it is expected to measure. This has given rise to many evils; for example, a fictitious money which is called bank credit. Money is deposited in banks for safety and convenient transfer by check or draft. Thus the banks have become depositories in which most of our money resides all the time, being transferred from one to another, but as a matter of fact but little is exchanged, for the clearing house system cancels one obligation by another, and only balances, a very insignificant part of the total transactions, are transferred. Men borrow money from banks, and leave it there to check against. This is called a credit. When they take the actual money out they pay it to others who as a rule redeposit it, or the third or fourth party receiving it redeposits it, so as a rule the money actually remains in the bank, to be loaned out again and again. But at each loan the banker requires ample security, so he is safe in any event, and he draws interest on every loan made. He draws interest on the same money over and over again, and the funny part is that the money was not his to begin with, but belonged to depositors.

Scarcity of real money has made the invention of this fictitious money necessary Most of our business is done by means of this fictitious money. At the least fright the banker calls in his loans, thus contracting the amount of circulating medium. This contraction depresses prices, and makes matters worse, and thus panics are produced. This system gives bankers the power to produce panics at will. The terrible panic of 1893 was a banker's panic. At that time I had to buy (pay a premium for) legal tender—actual money—for current use. The great number of foreclosures placed a vast amount of property in the possession of lenders of money, particularly lenders of this fictitious money—bank credit. If we had had sufficient actual money, this would not have happened. Not only are our titles to wealth (dollars) made of precious metals, but they are sophiscated in the way above described, with the dangers above indicated.

Let us make our titles to wealth (dollars) out of the most rational material—paper. Let us increase these titles commensurate with the increase of wealth which they are to represent. Running a printing machine to grind out titles, regardless of the wealth itself, and make everybody a "millionaire," is not the thing to do. Get rid of that idea, and don't be guilty of such a grotesque thought again. On the other hand, let us not govern our issue of titles by the production of any single commodity—gold, or any two commodities—gold and silver. Such control is uncertain, unscientific, irrational. Then how shall we do it? There are many ways better than our present way. As a standard, the multiple standard, in which every leading commodity will play its normal and rightful part in determining the standard, must be the coming plan. Every economist with whom I have talked is inclined favorably toward it.

How shall paper titles be issued and equitably distributed? They should be issued by the general government, a part of wh'ch we all are. How shall individuals get it? By rendering a service to the body politic. Upon what shall it be based? Well, the service rendered for it is a pretty good basis, isn't it? What gives value to a postage stamp? The service it represents. And did you ever hear of postage stamps falling below par? But if money is printed and paid out for service, the issuing power—the government—is getting something—the service—for nothing. Well, we are the government, and we get the service. But, says a strenuous objector, there should be value—property—behind the notes issued. Uncle Sam has lots of property, He has a magnificent Capitol. He has other extensive and valuable buildings in Washington. He has post-office buildings in cities and towns all over the country. He has valuable public buildings in all our ports, and valuable ships. He has extensive lands, and other possessions too numerous to mention. Does this satisfy our objector? Further, we must pay Uncle Sam about $500,000,000 a year—the expense of running our general government. Unfortunately these taxes are indirect; it would be better if they were direct—then we would know how much the poor pay and how little the rich pay. Uncle Sam would receive his own notes at par in the payment of these taxes. We would not want him to take them all in at once, for we would need currency for business.

Digitized by Google

It would be safe for him to take in about one-tenth per year, and pay that tenth out again the following year for salaries, supplies, etc. This would sustain the value of ten times $500,000,000, which would equal $5 000,000,000. Our present currency of all kinds is about $1,600,000,000. But upon that is built between two and three times that amount of a fictitious and dangerous currency, called bank credit. The total amounts are about the same; and wouldn't it be better to have in the country $5,000,000,000 of genuine and safe money than about the same amount, the larger part of which is a fictitious and dangerous currency? How would we get so large amount started in circulation? Easy enough. Pay our bonded indebtedness and construct public works; build a Nicaragua canal; a Cape Cod canal; finish the canal to connect the Chicago river with the Illinois river; buy the telegraph and improve it, etc.

Some are afraid of free silver coinage. It would not produce too much genuine money with which to replace the bank credit (fictitious currency), and hence would be a vast improvement on our present condition. But it would be taking a step backward in the direction of barbarous metallic titles instead of civilized paper titles. Let us demonetize gold and get rid of metallic titles entirely.

"Lex," our lawyer reader, a republican and a supporter of Mr. McKinley for the presidency, is studying the financial problem in lawyer-like fashion. He takes up book after book, on every side, reads thoroughly, and after reading writes a synopsis of each, quoting the most striking paragraphs. He sends me a synopsis of a book entitled "Joint-Metallism," by Anson Phelps Stokes, of New York City. I will here give a few of the quotations he selected from the book:

"The known debts of the world amount to eight times the total amount of gold in the world. To incur a debt that must be paid on a gold basis is to sell gold short when the short interest is known to be eight times as great as the total amount of stock in existence. The result is, money is hoarded, enterprise halts, trade languishes, laborers are unemployed, incomes are reduced, and times are hard."

"For centuries the money of the world has been in total value about one-half gold and one-half silver. If this final basis is to be limited to gold only, then the final basis is diminished by one-half. Money may then be plenty in the banks because enterprise fears to use it and trade languishes, and laborers are unemployed. Even where only one of the precious metals has been in actual general use as money, the fact that *both were available* has been the important fact."

"About two-thirds of the gold annually produced is taken for the arts, and if the consumption of India is included, as being either for simply hoarding or for the arts, and in no case for the purpose of circulating money, then the demand for gold and *non*monetary purposes appears almost equal to the annual production."

"The national debts of the world are now so enormous and increasing so rapidly that if they continue to be extended payable in gold alone, the base will be found insufficient to support the superstructure. Another danger is the enormous amount of railway bonds coming due about the beginning of the next century. Single capitalists or either one of the largest insurance companies in the city of New York have more assets than all the gold in the United States Treasury. It would be easy for speculators to draw all the gold out of the Treasury. As to the claim of monometallists in every country that gold can always be got from abroad, the statistics show that there is not nearly enough gold on any sound banking basis for any time of general liquidation in several great countries at once."

"The fact that the business of the world is done now so largely by checks and credits is an element of danger, making it more necessary that there should be no uncertainty as to the adequacy of the final basis of the currency."

"There is one circumstance which would make my plan for joint metallism more easily understood in England. The commutation of tithes in England is based upon the average market values of wheat, oats, and barley jointly. This may be called Joint-Cerealism."

In the last paragraph just quoted, joint-cerealism suggests our multiple standard.

Let us thank our lawyer friend for his patient labor. He is seeing the light. Let us be patient with the "gold bugs." They are working at the problem; let us help them. They are, largely, our substantial citizens, and as honest as we.

It is surprising to notice how many otherwise conservative men are predicting revolution as the possible outcome of the wrongs that have been heaped upon our producing classes. This indicates how important it is for us to educate. Let us make it an intellectual revolution, substituting information for ignorance, light for darkness, justice for injustice. If we can do this, no blood will flow, but prosperity and happiness will reign again. We doctors can do much in this direction by posting ourselves first, then pushing the right in all proper and prudent ways.

Our "green-backs" now bear a promise to *pay* dollars, and this gives rise to the question whether they shall be paid in gold or silver dollars. This should be changed to a promise on the part of the Government to *receive* them for taxes, revenues, duties, for postage stamps, etc. This simple change in the phraseology on the "green-backs" would give us at once nearly $300,000,000 of ideal money, without introducing the least disturbing element into our finances, and it would also stop the "end-

Digitized by Google

less chain" action on our gold reserve—in fact no gold reserve would then be necessary. Simply change the "promise to pay" to a *promise to receive*, and we change our "green-backs" into scientific money, equal to gold money, because it would perform every monetary function. Write to your Congressman and Senators to introduce such a bill, or to support such a bill if introduced.

Among the encouraging things, Senator Butler, of N. C, writes me that he is preparing a bill for the establishing of Postal Savings Banks, which will contain all the good features of the systems now in operation in all the other countries. He hopes to have this bill ready for introduction at the next general session in December, and will push it vigorously to a vote. Let us help him by writing to our Senators. I will publish the number of the bill when it is introduced.

The Senate has passed the tariff bill, but Senator Pettigrew's anti-trust amendment was defeated. One would think that such an amendment would pass by unanimous vote; but all who claim to be opposed to trusts and monopolies do not bear the test when tested. Could those who voted against this amendment have been elected if it had been known that they would openly favor trusts *after* securing their election? If we had the imperitive mandate, would not some of these senators be recalled?

Later: Senator Butler has introduced his bill to establish Postal Savings Banks. It is Senate Bill No. 2369. You can get a copy by addressing your Senator or Congressman; but congress will be adjourned before these lines reach your eyes. Let us resolve to urge this bill through congress by earnest letters to our Senators and Representatives when congress meets next December.

"Lex" writes that he thinks the estimate of the consumption of gold in the arts, as given in the quotation above, is an over-statement. The author quoted it from an older book, so the statement refers to conditions existing some years ago. "Lex" thinks, that with the recent increase in the production of gold, perhaps less than one-half is used in the arts.

Editor MEDICAL WORLD:—

Why don't you knock the "whey" out of some of the *Brief's* editorials on the money question? They are so rotten and misleading that I think they should be answered. I think it would be advisable to devote a page or two of THE WORLD in pointing out the worst of these errors.

Odell, Ind. L. T. GREEN, M. D.

[Life is too short and space too valuable. I strive to teach the truth. That is the best way to combat error. Error can find no lodging place in a mind that has a firm grasp on true principles.—C. F. T.]

Reviews.

The new time has not yet come, but it is coming. A suggestion of it has come in the form of a new magazine edited by Mr. B. O. Flower, founder and former editor of the "Arena," and F. M. Adams. The name of the magazine is "The New Time"—a suggestive title. If you want to be posted on new thoughts and new movements, you should have this magazine, and you should lend it to your neighbors until it is worn out. It is an elegantly printed magazine, 64 large double-column pages of reading matter, and only $1 per year. Send the dollar through us, and you can also have THE MEDICAL WORLD for the remainder of 1897 free. Send us $1.75 and you can have both "New Time" and WORLD for one year. Present subscribers can thus pay in advance for WORLD for 1898. "The New Time" is published by C. H. Kerr & Co., 56 Fifth Ave., Chicago, Ill. If you don't accept any of the above offers, better send them ten cents for a sample copy, anyway.

The J. Ellwood Lee Co., of Conshohocken, Pa., have issued a magnificent new illustrated catalog of their surgical dressings, plasters, etc. They will send it free to any of our subscribers upon request.

DR. J. H. PARKER, of Clayton, Ill., sends us a 56 page pamphlet on typhoid fever, and a 70 page pamphlet entitled "Gold Monomania." He wishes to get them into the hands of readers for the good they will do; so he will send as long as the present supply lasts, at the nominal rate of 3 cents each.

Wit and Wisdom.

FRIEND of the family: "Johnnie, I suppose you are delighted with the new little brother at your house?"

Johnnie: "New nuthin'. He's second-hand. The doctor brought him, and there's no tellin' how many families has had him before."

AUGUST OFFERING.

Every physician should have a Keen pocket case of instruments. It is the most compact and complete made. It and its contents are superior in every particular. The instruments in it if bought separately would cost over $20. But altogether, complete including case, Messrs. Willis & Co. have been furnishing for $15. This month they will furnish it to our readers for *ten dollars!* No reduction in number and quality of instruments contained. Guaranteed to be the same as the regular $15 case. Money refunded if not satisfactory. See their adv. in this issue, and be sure to embrace this opportunity. After you purchase this you will order many other things from this enterprising firm.

IRON is one of the oldest remedies in medi-

Digitized by Google

cine. Its usefulness is universally admitted. But look into the pharmacopeia, and see the great number of forms in which it is administered. What does this mean? It means that the ordinary forms fail in many instances. Iron will do good and will be successful if you administer it in a form that will insure the easy, rapid and certain assimilation of it. Recent experiments show that iron is absorbed only by the duodenum. This fact makes it all the more necessary that an easily assimilable form be used. We have just read an article by Dr. Gellhorn, of Berlin, in the Therapeutische Monatshefte, giving cases of obstinate anemia, anemic neuralgias, etc., cured by Pepto-Mangan ("Gude"). Don't give up your obstinate cases until you have used this valuable remedy. In fact, why not *begin* treatment with this remedy and cure your patients at once? Send to M. J. Breitenbach Co., 56 Warren St., New York, for a copy of the above-mentioned article and other literature.

IF nature can make food why can she not make medicine? She has made an admirable aperient water—Apenta. See bottom of page facing first page of reading matter.

WHILE you are there look at the top of the same page. Peroxide of Hydrogen has now been superseded by superior preparations—Hydrozone and Glycozone. Do you use them? If not, why not?

DO YOU have trouble in getting food to "take hold" during this hot weather? If so, give Carnogen. See beneath Table of Contents for the indications.

WHILE you have WORLD open at Contents, see bottom of page opposite. Nature prepares medicaments, not only in the earth, but in animals also. Thyroids have proven useful without doubt in very obstinate conditions. They are here presented in elegant and efficient form.

SEE the new advertisement of Messrs. I. O. Woodruff & Co., this month. It is not only attractive, but instructive. They tell their own story so well that we will not attempt it. See their page.

IT will be gratifying to the profession to know that the regular packages of Pineoline have been doubled without any change in price. This is the result of superior arrangements for the importation of the ethereal extract of Pinus Pumilio in larger quantities, effected by the president of the company during his recent trip to Europe. That this advantage is given to physicians and their patients instead of going into the pockets of the company is worth taking a note of. For further information address the Walker Pharmacal Co., St. Louis, Mo.

DON'T fail to see the new advertisement of Carnogen just beneath Contents. You may need to prescribe it any day. You can promise your patients that it is very pleasant to the taste. We noticed that at the exhibition during the recent meeting of the American Medical Association in this city.

HAVE you tried Sanmetto for genito-urinary diseases?

SEE Sharp & Dohme's new advertisement, in which they give the formula of a very useful preparation.

WE have recently had very gratifying success in the treatment of rheumatism by Tongaline Tablets. The physician that neglects this very efficient preparation fails to do justice to himself and patients.

IF you have occasion to use cod liver oil this month try it in the form of Hydroleine. See top of next to the last advertising page.

As an intestinal antiseptic needed this month use Listerine.

HAVE you tried the experiment of dissolving Warner's pills as described last month? If not, do so and be convinced of their solubility.

ALWAYS look at Schieffelin's page—page V; it is always interesting.

DO you have patients troubled with hemorrhoids who will not submit to an operation? If so use S. G. P. O. Mr. Stewart has carried a half page with us for many years advertising this remedy. It must be good or he could not continue it so long. See the letters of other physicians concerning it.

BRACE your weak patients up with Fellows Hypophosphites this hot weather. The ideal tonic.

FOR instruments, see Frye's half-page. No difference what part of the country you are in, whether New England or a more distant part.

MICAJAH'S Uterine Wafers remain prominently before the profession. They must deserve it. Do you use them?

WHEN you turn to contents see what the Mercer Chemical Co. has to say on the opposite page.

SEE Upjohn's advertisement on page facing third cover page. It is a "striking" advertisement in more ways than one.

FOR instruments, see Phillip's full page. WORLD readers patronize him extensively.

SEE Keith's one-half page.

LENTZ certainly has the best hot air apparatus for general use.

WHEN your patient needs a malt tonic, prescribe Teutonic.

REMEMBER that a few drops of Bovinine in

Digitized by Google

each feeding for an infant will prevent many summer troubles.

Do you use Passiflora Incarnata? See advertisement of Jno. B Daniel and write for literature.

CANDY Cascarets instead of Castor Oil for children and grown people, too. See Sterling Remedy Co.'s full page advertisement, and send for a sample.

THE Eastman Kodak Co., make it very easy for you to use photography in your practice. See their adv.

If you have not used Imperial Granum, do it this month sure. You may save many lives by it. It is useful all the year around, but particularly in hot weather.

SEE Dr. Abbott's page this month.

THERE are many small advertisements in THE MEDICAL WORLD not mentioned above. Always read THE MEDICAL WORLD through from beginning to end, advertising pages and all; it will pay you.

DR. E. F. WEST, of San Francisco, Cal., writes: "I have used Palpebrine with excellent results in opthalmia neonatorum of severe types. Cleanse the eyes with a 25 per cent solution every half hour, and a few drops of full strength applied four times a day."

UTERINE Derangements. I have used Aletris Cordial in my practice for over a year, and to say that I am pleased with it does not nearly express the degree of my satisfaction. Aletris Cordial fills a long-felt want with me. Symptoms attending uterine derangements have always been perplexing to physicians, but with this remedy the trouble vanishes as dew before the rising sun.—L. M. McLendon, M. D., Georgiana, Ala.

IN typhoid and all other infectious fevers, Sander & Sons "Eucalyptol." Five to fifteen drops in hot milk or brandy and milk, three to six times a day.

THE next meeting of the Mississippi Valley Medical Association will be held in Louisville, on October 5, 6, 7 and 8, 1897. All railroads will offer reduced rates. The President, Dr. Thos. Hunt Stucky, and the Chairman of the Committee of Arrangements, Dr. H. Horace Grant, promise that the meeting will be the most successful in the history of the Association, and this promise is warranted by the well-known hospitality of Louisville and Kentucky doctors. Titles of papers should be sent to the Secretary, Dr. H. W. Loeb, 3559 Olive street, St. Louis.

Remember August offering of Keen cases.

CASE 10—M. P; Cardialgia and Borborygmus; trouble extends over a period of ten years, is periodical in its nature. Is taking tablespoonful doses zumo anana after meals, and says he has not been as comfortable, following meals, for many years.

We consider the following an unusually severe test; and that the results justify our claims for the superiority of Eskay's Food for invalids as well as infants.

THE FRANKLIN REFORMATORY HOME.
911, 913 and 915 Locust Street,
PHILADELPHIA, July 10, 1897.

THE SMITH, KLINE & FRENCH CO.; Gentlemen:—We have given "Eskay's Albumenized Food" a fair test in our Infirmaries. You know what trouble we have with sick stomach following cessation of drinking—the "Food" works like a charm. I have had an opportunity to use it, during the last few days, in the case of an actor, Mr. ———, suffering with dysentery, violent sick stomach and cramps, who was compelled to go on the stage every afternoon and evening. He could retain nothing upon his stomach, and we finally tried "Eskay's Food" with great success.

I consider when a man, in such weather as this, has to act for an hour in the afternoon and an hour at night, with no other nourishment but this Food, that the results from its use are remarkable.

Yours truly, C. J GIBBONS, Supt.

The above is from a new advertiser this month. See adv. of "Eskay's Food," on page xi, and give them a hearty welcome to our pages. Send for free sample of the food and use it *this month*, so you will know whether or not to depend on it when next summer approaches. The New York Infant Asylum has recently ordered 288 pounds of it for use there. This is a high compliment to the food. Give yourself the advantage of a superior preparation. With the free sample they send a handsome souvnir book. This book is a superior leather cardcase, or pocketbook, with pencil and tablets for writing. Make the acquaintance of this new patron and new product. It will pay you.

THE following is sent to us by the Resinol Chemical Co., of Baltimore, Md.: The articles received by us for competition under our recent prize offer were turned over to a committee of prominent physicians, consisting of T. C. Gilchrist, M. D., Associate Professor Dermatology, John Hopkins University; Wm. F. Smith, M. D., Professor Dermatology, College of Physicians and Surgeons; and Edwin Geer, M. D., Surgeon Maryland Naval Reserves; for examination and report, as soon after May 15th as practicable, and the committee having completed its work, we have now to announce the following awards:

First prize, $100 00, to Dr. Walter P. Ellis, Livermore, Ky.

Second prize, $60.00, to Dr. J. Hobart Egbert, Holyoke, Mass.

(*Continued over next leaf.*)

Digitized by Google

Solubility, Reliability and Permanency are the requisites in a perfect pill as made by W. R. WARNER & COMPANY, and prescribed by the medical profession with satisfactory results for the past 40 years. Friability is no proof of Solubility. Avoid substitutions and consequent disappointment.

Pil. Sumbul Comp.

(WARNER & CO.)

Ext. Sumbul	1 gr.	Ferri Sulph. Ext.	1 gr.
Asafœtida	2 grs.	Ac. Arsenious	1-40 gr.

DR. GOODELL—"I use this pill for nervous and hysterical women who need building up."

This pill is used with advantage in neurasthenic condition in conjunction with Warner & Co.'s Bromo Soda, one or two pills taken three times a day.

Per 100, $1 00

Pil. Peristaltic

(WARNER & CO.)

Each containing

Aloin	¼ gr.	Ext. Bellad.	⅛ gr.
Strychnine.	1-60 gr.	Ipecac	1-16 gr.

Dose- 1 to 2 pills.

Therapeutics—Cathartic, tonic.

Per 100, 40 cents.

RHEUMATISM INDIGESTION

Pil. Antiseptic

Each pill contains

Sulphite Soda	1 gr.
Salicylic Acid	1 gr.
Ext. Nuc. Vom.	¼ gr.

Dose—1 to 8 pills.

Pil. Antiseptic is prescribed with great advantage in cases of Dyspepsia attended with acid stomach and enfeebled digestion following excessive indulgence in eating or drinking. It is also used with advantage in Rheumatism.

Per 100, 55 cents.

RHEUMATISM INDIGESTION

Pil. Antiseptic Comp.

(WARNER & CO.)

FORMULA

Sulphite Soda	1 gr.
Ext. Nuc. Vomica	⅛ gr.
Salicylic Acid	1 gr.
Powd. Capsicum	1-10 gr.
Concent'd Pepsin	1 gr.

Try this Pill. Used in all cases where there is no well-defined malady, yet patient is not well.

Per 100, 55 cents

INGLUVIN

A Specific for Vomiting in Pregnancy

Dose: 5 to 20 grs.

A powder, used with superior results in all cases where pepsin may be indicated.

Prepared from powdered gizzard of the chicken.

LITHIA TABLETS

(WARNER & CO)

Afford a rational intelligent method of administering LITHIA as indicated in

RHEUMATISM, RENAL DISEASES, ETC., ETC.

TONO SUMBUL

is an elegant and efficient preparation especially for physicians' prescribing. It combines the nerve-tonic and stimulating properties of Sumbul Root, the blood-making properties of Iron and the general tonic and anti-periodic qualities of Cinchonia together with acid phosphates so blended with delightful aromatics as to present a cordial which is both palatable and wonderfully efficient in allaying the troubles for which it is indicated.

Price, $1.00

PARVULES

afford the most perfect form of dosimetry. Many physicians favor the convenient, accurately measured small dose with frequent repetition (especially for children.)

WARNER'S PARVULES

are made to meet this requirement. There are 40 different formulæ of Parvules, 100 and 500 Parvules in each bottle.

Per 100, 25 cents. Per 500, $1.10

WM. R. WARNER & CO.

MANUFACTURING CHEMISTS

1228 Market Street, PHILADELPHIA
52 Maiden Lane, NEW YORK
197 Randolph Street, CHICAGO

Digitized by Google

Third prize, $75.00, to Dr. J. M. Rader, St. Louis, Mo.

Fourth prize, $40.00, to Dr. E. A. Edlen, Moline, Ills.

(Continued over next leaf.)

RUPTURE CURE;—Hypodermic method. Formula for fluid (filled by any druggist), with full instructions sent on receipt of two dollars. All ordinary cases cured harmlessly. A. J. Provost, M.D., Merrill, Wis.

VALUABLE PRACTICE FREE. Wishing to move to the city, I will introduce a physician to my fine country and mill practice gratis if he will rent my office and villag property, consisisting of brick residence, stable and one acre of rich land, only 16 miles from Phila. Ren $20 per month. Dr. W. S. S. Gay, Twin Oaks, Del. Co., Pa.

FOR SALE.—Mining appointment and country practice; paying $1080 yearly. Furnished office; small stock drugs; furnished bed room. Horse, harness, 2 buggies, cutter; for $600. Address Box 36, Cataract, Pa.

WANTED.—A middle aged physician of twenty years experience desires a location in village or small town in Western Maryland, Southern Pennsylvania or Ohio. No objection to buying property. Address "K," care of MEDICAL WORLD.

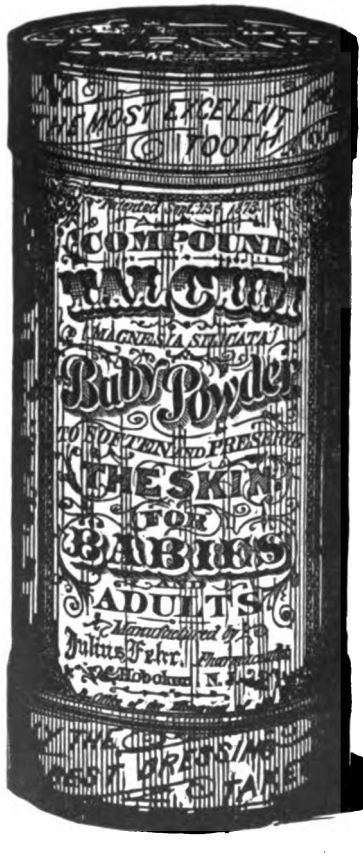
INEBRIETY.—Full Post-Graduate course at Sanitarium. Address Medical Superintendent, Oakville, Ontario.

GALL-STONE AND BILIOUS COLIC.—A precious treatment—positive results. 50 cents by mail. W. Davis, M.D., Lansing, Iowa.

LADY PHYSICIAN may hear of partnership. Office practice. Diseases of women, etc. Capital unnecessary. Address Lock Box 432, Lynn, Mass.

TYPEWRITER HEADQUARTERS,

102 Fulton st., New York, sell all makes under half price. Don't buy before writing them for unprejudiced advice and prices. Exchanges. Immense stock for selection. Shipped for trial. Guaranteed first class. Largest house in the world. Dealers supplied. 80-page illus. cat. free.



J. FEHR'S

Compound Talcum Baby Powder

The "Hygienic Dermal Powder" for Infants and Adults.

COMPOSITION: Silicate of Magnesia with Carbolic and Salicylic Acids.

PROPERTIES: Antiseptic, Antizymotic, and Disinfectant.

Good in all affections of the Skin.

Sold by the drug trade generally.

Per Box, plain, 25c.; perfumed, 50c. Per Doz. plain $1.75; perfumed $3.50.

The Manufacturer

Julius Fehr, M.D.

HOBOKEN, N. J.

Only Advertised in Medical and Pharmaceutical Prints.

DR. WALLING'S HERNIAL FLUID

You make the injection; the Fluid does the rest.

NO ROYALTIES ASKED.

Send for literature.

The Auro Pharmacal Co.,

No 6 S. 18th St.,

PHILADELPHIA, PA.

Dietz Driving Lamp

Price $3.50

A Driving Lamp that gives a brilliant light and will not blow nor jar out. That is the kind we offer you. Delivered anywhere in U. S. or Canada. Satisfaction guaranteed. Send for book—FREE.

R. E. Dietz Company, 60 Laight St., New York.

Mention this paper and get special discount.

Send for Samples.

PLANTEN'S

PERLOIDS

REGISTERED TRADE MARK

OF

SANDAL OIL

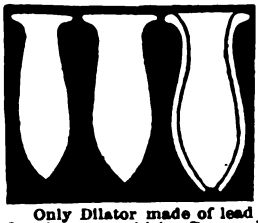
Established 1836.

"PERLOIDS" or Pearl-shaped Capsules.

No. 421A { 5 Minims } 40 in vial, $4.75 per doz.
421B { Capacity } 80 " 9.00 "

A trial bottle or dozen sent prepaid on receipt of List price.
N. B. We make *all* kinds of filled and empty Capsules.

H. PLANTEN & SON, New York.



Betz Rectal Dilator, Irrigator and Speculum (combined) endorsed by leading physicians of all schools for constipation, piles and rectal troubles.

Only Dilator made of lead glass, fire polish, (smoothest surface known) which offers such a combination of utility and perfection. Dilates while flushing. Attaches to any ordinary syringe—Self-Retaining—Transparent. Five gross ordered by one leading supply house. Under all others in price. Made in sets of three sizes. Price to physicians (per set) $1.25 or three sets for $3.00. Price to patient (per set) $2.50. Full directions sent for using. Try one set on most obstinate case.

Frank S. Betz, Kelley & Co., 80 State St., Chicago, Ill.

Largest Mfrs. of Vapor and Hot Air Baths in U. S. Almost give you one for test. Illustrated Catalogue Free

Digitized by Google

The Medical World

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World.

C. F. TAYLOR, M.D.,
Editor and Publisher.

Subscription to any part of the United States and Canada, ONE DOLLAR per year. To England and the British Colonies, FIVE SHILLINGS per year. Postage free. Single copies, TEN CENTS. These rates must be paid *invariably in advance.*

We cannot always supply back numbers. Should a number fail to reach a subscriber, we will supply another, if notified before the end of the month.

Pay no money to agents for this journal unless publisher's receipt is given.

ADDRESS ALL COMMUNICATIONS TO

"THE MEDICAL WORLD,"
1320 Chestnut Street,
PHILADELPHIA, PA.

VOL. XV. SEPTEMBER, 1897. No. 9.

Have You Changed Your Treatment of Typhoid Fever?

Only a few years ago the universal belief was that typhoid fever must run its course; that a patient with typhoid fever was like a man in a boat at the head of a series of rapids; he must go through, and the most that a physician could do was to so steer the boat that it might miss the rocks and finally reach the quiet waters below in safety; that the only remedy was "twenty-eight days." Now, what a change. This change is clearly shown by the contributions upon this subject appearing in this issue. If you have changed your treatment, and now get the excellent results shown on other pages of this issue, send your experience to headquarters for publication, and thus help to confirm this great advance without possibility of doubt. If you have not changed, and still cling to the expectant plan, and the twenty-eight day theory, don't be a "fogy" any longer. It is your duty to change to the new treatment, or show good reason why you do not do so.

How are Your Collections?

We will not be able to print in this issue all the replies to the questions which we asked in August issue concerning collections. But keep on sending them, and we will continue to publish representative ones from all sections of the country. We want the facts; also, we will give fair play to all varieties of views concerning the causes of, and cures for, hard times for physicians. Scarcely anything can be of greater importance to the profession than the thoro discussion and understanding of this question. We all must live; we cannot continue our beneficent services to humanity unless those whom we serve give us wherewith to get sustenance, shelter, etc., for ourselves and our families. A physician should not need to spend any of his valuable time worrying about a living. His mind should be free to grasp the great principles and infinite details of his arduous calling. Then, when he renders services, he should

Digitized by Google

render a business-like account of same, *which should be promptly paid.* As an almost universal rule, people like to pay their doctor. When they don't, there is usually a reason for it; and when from all parts of the country comes the report that people wish to pay but cannot, on account of the hard times, then it is the doctor's duty, not only as a citizen, but as a personal duty to himself and his family, to inquire into the causes of the prevailing hard times, and search for the best remedy or remedies for the same.

Condensed Milk.

Condensed milk, as a food for infants, is not only deficient in proteids, but it is necessarily totally deficient in fats. This is at once evident, for if the fat were preserved, it would unavoidably become rancid and thus vitiate the entire product. These deficiencies, particularly the absence of fat, renders condensed milk an unfit exclusive diet for infants. It is suggested that fresh cream be added to supply fat; also that cod liver oil be given, in small quantities, but every day. The oil would be a food and not a medicine. Egg albumen may be added to supply the deficiency in proteids; also an occasional feeding of meat broth. The excessive fat of a child feeding on condensed milk is not indicative of health. Deficient bone and nerve construction is possible with fatness. An attack of disease will soon show deficient resistance. The child should receive in its food the necessary constituents of normal entire food, from which to build up the various structures. Apparent health of the child may be misleading. It should be properly fed.

Our simplified spelling of tho, altho and thoro, instead of though, although and thorough (cutting off the superfluous ugh) is warmly commended by our correspondents. We cannot add the word through, as it does not belong exactly to the above class; the sound is different, and should be indicated differently; altho the gh is superfluous, we are not quite ready to make a change in this word. The spelling of sulphur, and all the words derived from it, as sulphate, sulphite, etc., is beginning to undergo a change—the substitution of f for ph. For the present we will print this word and its derivatives as our correspondents write them, but we hope they will use f instead of ph. One correspondent in this issue does so. It should be the aim of every one to leave his language, his country and his race better than he found it. If he does not do so, he will have lived in vain. So improvement should be our constant aim, in every possible direction.

Later: It is suggested by one of our readers that o-gh be omitted from through, leaving it thru. We think the suggestion a good one, and will adopt it, unless good reasons can be shown for not doing so.

We are favored this month with an article on Pension Examining Surgeons, by Dr. H. T. Guss, of the Pension Department, in Washington. The Doctor writes from long experience in that branch of the service. He has covered the ground in a very plain and concise manner.

TRIAL trip for new subscribers:—THE MEDICAL WORLD for the remainder of 1897, only 15c.; or entirely free if you send $1 now for 1898. Send immediately to be in time to get next issue. Take this trial trip with us and you will remain with us permanently. Our Subscription list is growing more rapidly now than ever before at this season of the year. Join us *now.*

Digitized by Google

Original Communications.

Short articles on the treatment of diseases, and experience with new remedies, are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month for publication in the next month. Unused manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

READ. REFLECT. COMPARE. RECORD.

Typhoid Fever.—Replies.

Editor MEDICAL WORLD:—I have frequently been reminded of Darwin's wise observation, that after all, useful variations have very little chance of survival, in the host of competitors surrounding and crowding them, and in the numerous accidents that may occur to extinguish them. Yet if the variation be really useful, if it be repeated occasionally there will come a time when it will survive, beget its like, and its progeny will prove their superiority and drive out of existence the less suitable competitors.

This appears to be the course of nature, and the course which the doctrine of intestinal antisepsis is taking. Here and there it has cropped out, and been overridden by the weight of authority or perished through neglect. But it has reappeared with insistent vitality, until finally it has grown in popular favor until it threatens to become a fad.

Somewhere back in the eighties I began the use of the benzoates as antiseptic remedies for typhoid fever, following a suggestion of Klebs. Soon, however, I substituted the sulphocarbolates, which had been brought to my notice as local, external remedies, by W. Thornton Parker, and C. L. Mitchell. I then commenced administering these salts internally in cholera infantum and in typhoid fever. For some time I was hindered by the inferior quality of the drugs, as they were not then prepared for internal administration. But from Rosengarten, Mallinckrodt and Schering I obtained chemically pure salts, and then the great value of the sulphocarbolates was clearly manifested. Nausea, vomiting, irritation of the throat and mouth, are produced by the impure salts. I have given a 100 grains daily of the sulphocarbolates of zinc, soda and lime, without producing any of these or any other ill effect.

The administration of the sulphocarbolates produces one of the few certainties in medical practice. Given a case of any continued fever, typhoid, scarlatina or pneunomia, and if enough of any of the three salts named is given to deodorize the stools, we have the following effects: A fall in the temperature of one to two degrees; corresponding reduction in the pulse-rate and respirations; stoppage of tympanites and diarrhea, and restoration of the normal alvine discharges; less or total disappearance of delirium, insomnia, headache, aching of the bones, restlessness, anorexia and debility. In short, there is such an amelioration of the whole symptom-group that the case is removed from the severe or dangerous type, and comes under the category of simple, benign, or abortive cases. The use of baths and antipyretics becomes unnecessary, as the temperature does not reach the bathing point.

These results are reached when the remedy is commenced early in the attack; in fact, the earlier the sulphocarbolate treatment is instituted, the more pronounced will be the results, and the greater the likelihood of aborting the case. This is as we should expect, for if we wait until Peyer's patches have suppurated, we have a new element in the case. We are then dealing with the effects, the sequences of typhoid fever, not solely with the disease itself. And I believe that to promote the healing of intestinal ulceration we have a better remedy than the sulphocarbolates, in the oil of turpentine; and to check intestinal hemorrhage I prefer to rely on ice externally, drachm doses of fluid extract of ergot internally, or one-tenth grain doses of the German digitalin hypodermically, followed by silver nitrate, gr. ½, every hour or two, internally.

So, also, for heart failure I should give strychnine hypodermically, gr. $\frac{1}{40}$ to $\frac{1}{20}$, every two to four hours. For ataxic

Digitized by Google

symptoms, especially dilation of the pupil, with high fever, knocked to subnormal by a grain or two of acetanilid, I would give camphor, gr. iij, every four hours, or valerian, ammonia valerianate, musk, sumbul or castor in full doses.

But we do not have these things in a case treated from the first by the intestinal antiseptics. I mention them because there is a tendency to push the use of a new remedy entirely too far and to expect of it a varied and comprehensive assortment of powers that would render it almost miraculous. The sulphocarbolate is not a miracle; it is simply a remedy that commends itself to those of us who appreciate the "arms of precision," by its directness and certainty of action when prescribed to meet its specific indication. And that specific indication is the occurrence of decomposition in the alimentary canal and reabsorption into the blood of the toxines thereby generated.

At first I thought the effects were due to a direct germicidal action upon the typhoid bacilli in the alimentary canal; but this explanation is rendered improbable, to say the least, by three later observations:

1st. The typhoid bacillus of Klebs has been detected in the blood in the earliest stages of typhoid fever; and it is believed by those who have most closely studied the action of the sulphocarbolates that their effect is solely manifested in the alimentary canal.

2d. The sulphocarbolates are probably not germicidal at all. Koch states that a five per cent. solution of zinc sulphocarbolate failed to destroy the spores of anthrax. Waiving the question of whether this is a fair test for a remedy against the tubercle bacillus, this is confirmed by the asserted fact that the alimentary canal cannot be rendered absolutely sterile by any known method; the contents furnishing cultures of micro-organisms in every instance.

3d. The antipyretic and other effects of the sulphocarcolates are manifested in any other febrile affection, general or local, specific or simple, quite as markedly as they are in typhoid fever. We must look, therefore, for a wider explanation of the action of these salts.

1. I am far from denying all germicidal action of the sulphocarbolates upon the typhoid bacillus and other micro-organisms. While some may escape and furnish cultures for the bacteriologist, it does not prove that these are not merely the fugitives from a lost battle, the scattered survivors from a massacre. The greatest number of the specific and secondary bacilli may be destroyed, and cut off from reinforcing those that had previously penetrated to the blood and set up the disease. It would be most interesting to know if there is a diminution in the number or activity of the bacteria during the use of such remedies.

2. They may prevent the multiplication of the bacilli in the alimentary canal.

3. They may prevent the generation or the absorption of toxines—either by an action upon the bacilli, themselves, upon the tissues of the bowels, or upon the contents of the alimentary canal, which are thereby rendered unfit to serve as nutriment for micro-organisms or as a nidus for their multiplication.

It will thus be seen how very far is Koch's observation from proving anything against the sulphocarbolates. They may not destroy anthrax spores, but the assumption that the evidence from thousands of capable observers of their effects in typhoid and other fevers is therefore worthless is totally unfounded. We, as clinicians, have established our claims as to the effects of the administration of the sulphocarbolates in fevers; it is for our laboratory brethren to furnish the explanation of the phenomena observed. I marvel at the slavish devotion that many of our teachers show towards the little knot of bacteriologists. They are blind to the results of clinical observation, but accept everything that comes from the laboratory, even when the deductions are utterly illogical.

It is getting to be understood that what we call typhoid fever is not a simple entity, and that its symptomatology is not necessarily exclusively dependent upon the typhoid bacillus. More likely this small intruder only opens the door and other micro-organisms, perhaps many, take a hand in the proceedings at some stage of the game. It is the belief of the advocates of the antiseptic regimen, that by it we eliminate all the

Digitized by Google

effects due to intestinal reabsorption, and limit the attack to the effects of the micro-organisms that have already penetrated beyond the alimentary canal.

The average daily dose of the sulphocarbolates of zinc and calcium is forty grains; of the soda salt, sixty grains. These quantities may be doubled if necessary. I give five grains usually, repeated every two hours until the stools become odorless, when the full benefits will be manifest. Subsequently the patient takes enough to keep up this condition. The salt may be given in solution, powder or capsule, but if the stomach is irritable, Upjohn's keratin-coated pills or Abbott's intestinal antiseptics may be preferable. The drug is kept up until the patient is convalescent, and the temperature normal.

The sulphocarbolates suffer from their commercial position. They have no great manufacturing interest behind them to stimulate their use by advertisements and judicious "writing up." They are made by every manufacturing chemist, so that there is no monopoly. They are cheap, costing about 75 cents per lb., as against $1.50 per ounce for guaiacol carbonate. Their use is distinctively American; I have never heard of a solitary word in their favor uttered in Germany. In fact, their employment has rested solely on my own advocacy, and that of the thousands of active practicians, real doctors, who have given them trial at my suggestion.

Compared with europhen and the naphthols, the sulphocarbolates come under Bouchard's ban as being soluble. But how can a drug act unless it is dissolved? Charcoal is insoluble, but possesses the curious property of absorbing gas, to 100 times its own bulk. To this alone it owes its feeble antiseptic action. The little soluble agents mentioned can have no action except from the small portion that is really dissolved; the rest passes uselessly through the alimentary canal. I generally find that the naphthols irritate the stomach, causing burning, before the stools are deodorized. In some conditions the naphthols, alpha and beta, benzonaphthol, etc., may be superior to the other antiseptics, and I am endeavoring to ascertain the true indications for each; but the work is so difficult that it will be a long time before I shall be ready to make the result of these studies public.

Calomel and other cathartics are given to excite the flow of bile and thus disinfect the bowel by Nature's antiseptic. But it is bad practice to stimulate the organs to action when Nature has shown their need of rest, by reducing their work to a minimum during fevers. And we get better results from the chemical antiseptics, without the distress and danger induced by stimulating peristalsis.

I cannot close this part of my letter without reiterating my belief in the primary importance of the hygienic management of typhoid fever. Put the premises in a perfect state of sanitation; you thereby prevent malignancy. Disinfect the stools as soon as they are ejected, by putting them to soak for an hour in fresh, strong whitewash; you thereby prevent your case giving rise to another. Remember that typhoid nearly always comes through the drinking-water. Feed the patient upon raw white of egg, bovinine, predigested foods and fresh fruit juices; you thereby keep up his strength, avoid irritating the inflamed intestines and prevent scurvy. Give plenty of pure water, keep up the heart with coffee, but do not use any alcohol except with men who have been accustomed to its habitual use to such an extent that it would be dangerous to stop it short in the midst of a serious illness.

Do all these things intelligently, with judgment, and you may confidently count on 100 per cent. of cures.

On page 337, August WORLD, Dr. Cunningham asks about the best means of treating a black eye. I used to apply a solution of one-half ounce each of ammonium chloride and alcohol, in eight ounces of water, on a compress, keeping the latter constantly wet. Hot compresses of absorbent cotton, changed every minute, are also useful. Gentle massage with the fingers dipped in hot camphor liniment is said to be the best of all methods, removing the congestion and promoting reabsorption of the extravasated blood in a very short time.

The speediest method of sobering a drunken man is to pump the alcohol out of his stomach and give him a Turkish bath. Chloride of ammonium in half-

Digitized by Google

drachm doses is said to act well. Pilocarpim has been injected hypodermically, in doses sufficient to induce free sweating; but I prefer the Turkish bath, as safer and more efficient.

Each country has its own laws in regard to the recognition of diplomas issued from other countries. In France, for instance, the foreign physician has no legal standing as a practician, unless he receives the diploma of a French faculty. The American diploma is, however, considered of less worth than any other, because here the medical colleges are not government institutions. Abroad, the medical college is a creation of the goverment, founded, conducted and supported by the state. The examiners may exact as high a standard for the degree as they please, and the candidate must come up to that standard or stay outside of the profession. The professors are paid by the state, and their emoluments do not depend upon the number of their students in the way they do here. When apparatus is required, the authorities dip into the deep pockets of the nation and take what they want.

Here the medical college is a private enterprise; those who secure the charter operate the school for a profit, which depends upon the size of the class attracted to it. The reins cannot be drawn tight, for the student then drops out, and transfers himself to one of the hundreds of other colleges that are hungry to snap up such men on almost any terms. The European diploma bears the authority of the State; the American simply that of the men composing the faculty.

Nevertheless, there is a deeper principle involved than appears. The distinction is the one between a paternal government and our own free, equal, fraternal American system. France governs 38 millions of subjects, who are protected by the state in many things where the American is expected to look out for himself. In case of a calamity, the European orders out the military; here, the first man who happens along takes hold and starts the means for relief.

And it is a somewhat unexpected result of the numerous examinations made by me while examining candidates for registry in Pennsylvania, that the average American graduate passed a better examination than the average European. Our grading was based upon this question: Are the lives of our citizens reasonably safe in this man's hands? And our conclusion was that the native schools turned out better practicians. The fact is that teaching medicine successfully does not depend upon great buildings and arrays of apparatus; it requires a teacher who knows how to teach, a student who is competent to comprehend the instruction, and a patient whose ailment can be demonstrated. All other elements are accessories, not essentials.

Here is a prescription for Dr. Chamber's masturbating patient: Let him keep his body, his thoughts and his bowels clean and wholesome; work as hard as his body can bear, bathe twice a day in cold water, sleep on a hard bed with little or no covers and resolutely avoid lewdness in thought, reading, pictures and conversation. Eat but little meat; avoid spices, alcohol, coffee and tobacco. Read books that increase self-respect and will power, such as Carlyle, Emerson, Minot Savage, John Darby, Lecky, Darwin and Spencer. If these are too advanced, let him read those noble works of Miss Porter, which portray pure and lofty ideals, Thaddeus of Warsaw and the Scottish Chiefs, also the Waverly novels and David Copperfield. I believe profoundly in the cultivation of character, in the development of true manliness and Christian altruism, in such cases; and exceedingly little in drug treatment.

Pin-worms are simple little things, but when Dr. Ward finds a remedy that will surely destroy them in adults, I wish he would let us know of it. In children, enemas of lime-water, with a drachm of tincture of iron to each four ounces, generally prove effective. The anus should be thoroughly cleansed with an antiseptic, like the solution of chlorinated soda, diluted to one-eighth. All the folds should be washed out with this, as the eggs are deposited there. A course of iron internally should also be given. The enemas should be repeated daily, and the iron increased as far as it can be borne, without undue irritation. If there is a cat or a dog in the household, it

Digitized by Google

should be treated at the same time to prevent reinfection.

Dr. Frost has a case that may develop into epilepsy some day. Let him search for reflexes, from prepuce, rectum, bowels or elsewhere. Keep the child actively occupied with her play, educating her strictly by kindergarten methods and requiring long hours of sleep. An afternoon nap should be insisted upon. If the spells continue, give her ten grains daily of the sulphocarbolate of calcium and the same dose of the lacto-phosphate for one month, and note results. A granule of hyoscyamine, gr. $\frac{1}{600}$, two or three times a day, would be useful.

WILLIAM F. WAUGH, M.D.
103 State St., Chicago.

Diagnosis and Treatment of Typhoid Fever.

Editor MEDICAL WORLD:—"How do you diagnose typhoid fever?" At first glance this question seems a rather hard nut to crack, yet on deliberation it is really not so very hard either. When called to the bedside and finding one with an elevated temperature, my mode of procedure, after having drawn out the previous history of the case, is to bare the abdomen, make pressure in right iliac region, palpate well the whole abdomen, and note if there are any eruptive spots either on abdomen, chest or back. I then instruct some member of the family in the use of a clinical thermometer, leave one with him and direct to have an hourly note kept of the range of the fever until my return. In this locality we must exclude a continuous malarial fever that simulates typhoid very closely, but is lacking in many of the essential features of the latter. If I find my patient has tenderness in the right iliac region, gurgling on pressure and a gradual climbing of the temperature each day with little or no remission in the morning, ochery stools of more or less watery consistency, I am forced to call the case one of typhoid fever. We have plenty of so-called doctors who call every case with an elevated temperature a case of typhoid fever, and they nearly always "break" the fever in about a week; when they don't do so then they have to rid the system of poison for two or three months before they can "break it up." The range of temperature is with me my most important point in making my diagnosis. The slight morning remission of from a half to one degree, and the evening rise of one and a half to two degrees; each evening finding the elevation a little higher than on the preceding day, and the morning not so low as on the day before, to me is a mark of no little moment in making my diagnosis. As to the rose spots, I do not count this symptom as a sine qua non of typhoid fever. I don't believe I have observed it in 20 per cent. of the cases I have called typhoid; however, when present it makes the diagnosis easier.

I have made a radical change in my mode of treating typhoid fever. To my heart's content have I tried cold baths, cold packs, huge doses of quinine, small doses of quinine, mixed treatment and the whole list of latter day antipyretics. They have all been discarded and the Woodbridge method adopted instead. For typhoid fever this is the only treatment. Have just discharged a case treated with this method, and from the time first seen to the day of my last visit he had been sick fourteen days. I will say just here that any one attempting to treat a case of typhoid fever on any other line of treatment is, in my estimation, guilty of malpractice. This may be putting it a little strong, but any one who has followed instructions and had any experience in the Woodbridge method will bear me out in it. I never have any fear of running up against a case of typhoid now, and I always assure the family that if they perform their duty towards following my instructions, that the patient will be "out of the woods" in from ten to fourteen days. Not only in the matter of cures am I successful with this method, but the patients do not become delirious, they can and do eat with a relish; they get up in a better physical condition; they do not have tympanites; the tongue is clean after a few days; no sordes on the teeth; in short, the whole aspect of the patient is far better. I do hope that every one of the readers of THE WORLD will use this treatment. Don't be alarmed when you give the tablets and the bowels move a few times a day. This is just what you want. Since we know that it is the ptomainic poison of the typhoid bacillus

that is doing the mischief; the only rational thing to do is to keep the "bug" out of its breeding ground, give something that will prevent his further development and sustain your patient while he is eliminating the poison already absorbed. All of this you accomplish with the Woodbridge treatment.

Goddard, Kans. CHAS. E. SCOTT.

[The writer of the above really understands how to diagnose typhoid fever. What shall we do with the many so called doctors who call everything "typhoid," and win a great reputation among the laity by "breaking up typhoid in two or three days." They exist in nearly every community. We have often wished that they could be excluded from the profession. The next best thing to do is to educate them. But this is not always an easy thing to do. As an effort in this direction, we will offer to send a copy of this issue free to all such whose names you will send us, and perhaps we might risk marking this article with a blue pencil, to insure their reading it. He who educates performs the highest kind of service; and we strive to do all we possibly can in this direction; let us all do what we can to educate and elevate, particularly those who need it most.—Ed.]

Typhoid Fever.

Editor MEDICAL WORLD:—In response the call of the Editor in August WORLD, for practical articles from "workers in the field," on the above subject, I will append the following. It may be of interest for two reasons:—

1. Because the writer has made a radical change in his method of treating those cases.

2. Because the vexed question, "What is Typhoid Fever?" still perplexes many of us. Ever since that army surgeon coined the name typho-malarial fever, we have an ever-present illustration of how new names for long recognized phenomena may puzzle us.

It requires no great amount of skill or acumen to coin a new name, but on the other hand it does require these qualifications to get at the real condition which is sometimes hid beneath a tangled confusion of names more or less imposing.

How are we to diagnose typhoid fever? In this country we have a fever which, so far as I can learn from the writings of physicians, is quite generally prevalent over the south and west. It makes its appearance in early summer, closely following the intermittents, and protracts its stay until well into the early winter. By some it is called typhoid, by others typho-malarial, by others simply continued malarial fever.

Its initial stage is marked with much severe aching of head and bones of extremities; chilly sensations, low and gradually ascending fever, coated tongue, physical and mental hebetude, bowels sometimes constipated, sometimes diarrheic, sometimes apparently normal. Liver is always torpid.

Untreated or improperly treated, this disease usually runs for from three to eight weeks. However, I am not yet prepared to assert that it can always be shortened by any treatment. I know it can very frequently be aborted or jugulated.

In the later stages there is usually developed marked tympanites, with gurgling and tenderness on pressure in iliac fossa. Temperature will range from 100° to 105°, with evening exacerbations usually. Sometimes the rose-colored spots appear, sometimes not. They are of more frequent occurrence in cases running a long course. In this country with this fever I do not attach much importance to them as a diagnostic sign. Frequently delirium supervenes in the later stages.

As to duration this fever is undoubtedly very similar to typhoid. The indications for treatment are undeniably the same as in typhoid. The practiced physician will recognize many points of similarity between this disease and so-called true typhoid. If not identical, they are at least very similar.

Treatment:—The remark was made above that my treatment had undergone radical change in the last few years. I was taught to avoid cathartics for fear of inducing an uncontrollable diarrhea, and also causing irritation of mucous surfaces of the bowels. The dictum, "a constipated bowel is a safe bowel," enthralled me.

We all know now, or ought to, that we must give free drainage to these pent up putrescent excrementa; that much of

the fever, delirium and general bad state of these patients is due to the absorption of septic matter, the product of putrefactive and fermentative processes in a functionally disabled digestive tract—in a word, anto-toxaemia. A supervening diarrhea is a conservative effort on the part of nature to establish drainage.

The only way drainage can be secured is "*per vias naturalis*" and in my hands the salines are the preferred means. They are usually preceded by a course of calomel in 1/8 gr. doses continued at one-half hour intervals until 1 gr. is given. So now instead of inviting a constipated bowel, I never rest content until I have secured an open one.

I used to use emulsion of turpentine, scarcely knowing why except that it seemed to relieve tympanites to some extent. I now give the sulfocarbolates freely because I know they will arrest fermentative and putrefactive processes within the bowel and thus relieve tympanites by the directest route.

I used to think it indispensable to give massive morning doses of quinine, partly for its antipyretic action and partly because I was vainly hoping to "break up" the fever if I could only get the patient sufficiently saturated with it. In some few rare cases it did seem to do so, but it was like following an "*ignis fatuus*."

I now use defervescent compound No. 1, backed by a few small doses of acetanilid, with much happier, certain and withal pleasant results.

This then is the sum of my present treatment:

1. Drainage and disinfection of bowels.

2. Reduction of fever with the defervescent group of alkaloids, using acetanilid sparingly and cool sponge baths.

To illustrate, permit me to cite a case:

Floyd R., aet. 10 years. First called to see him July 16. Temperature 105°, tongue coated, complaining of pain in stomach and severe aching of head, legs, arms and back. Had been feeling badly for several days before the writer was called. No appetite, bowels costive, tympanitic and tender. Gurgling very distinct in right iliac fossa.

Diagnosis, typhoid fever, prescribed:

℞ Hydrarg. chlor. mit. . . gr. j.
Sacch. lact. . . . . gr. x.
M. Div. in chart no. viii.
Sig. One dry on tongue every half hour until all are taken. With last dose give a seidlitz powder.

℞. Sulfocarbolate of soda . . gr. lxxij.
Defervescent Co. granules no. i. No. xij.
Carmine granule . . . No. j.
Water, q. s. ad. . . . oz. iij.
M. Sig. Teaspoonful every half hour until extremities and lips tingle, then every two hours continuously.

℞. Acetanilid . . . . gr. viij.
Div. in chart no. iv.
Sig. one to be repeated in two hours if aching is not relieved.

Cool sponge baths to be given as often as restlessness supervenes.

Allowed all the cooled boiled water the little fellow could drink, even to the point of urging it upon him.

Diet: fruit juices, milk, animal broths, soft boiled egg and raw white of egg stirred up in ice water. I might remark in passing that I have found ice cream to be an article relished by most typhoid patients, and I have never seen it do harm when used in moderate quantities.

Visited patient again on the 18th; temp. 102½°, tongue moist and cleaning from the edges, bowels open, stools less offensive, bowels not so tender and less tympanitic. Expressed himself as feeling much better. Ordered continuation of same treatment and repeated calomel and acetanalid powders, the latter to be given only in case the fever should mount higher.

On the 20th, temp. 103; indigestion with pain in stomach, for which was given Quassin, gr. 1/67, two every two hours, and Dover's powder as modified by Waugh, two every half hour, until relieved. But a few doses were required to relieve him.

One the 23rd, temp. 101°, pulse rather weak; otherwise improvement general, except for some return of odor in stools and tympanites.

Now prescribed:

℞. Sulfocarbolate of zinc, . . gr. xxiv
Dosimetric trinity No 1 granules, No. xij
Digitalin gr. 1/67 granules, . . No. xij
Water, q. s. ad. . . . oz. iij
M. Sig.—Teaspoonful every two hours.

In my exerience the zinc sulfocarbolate is the most powerfully antiseptic

Digitized by Google

of any of these salts and where the soda fails I generally fall back on it. No alkaloidist need be told of the reason the trinity granule was substituted for the defervescent. To those however who are so unfortunate as to have neglected informing themselves upon this elegant and effective method of treatment, I will say that the trinity granule contains aconitine gr. $\frac{1}{134}$, digitalin gr. $\frac{1}{67}$, strychnine arsen. gr $\frac{1}{134}$; while the defervescent contains aconitine gr. $\frac{1}{134}$, digitalin gr. $\frac{1}{67}$, veratrin gr. $\frac{1}{134}$. If adynamia shows itself, the trinity granule is the one to be selected.

On the 25th day patient was found to have a normal temperature and enough better in all ways so that she could be called a convalescent.

Prescribed elix. calisaya, iron and strychnine, continuing the zinc, and repeating the calomel.

Discharged on 30th day.

I could present fifteen parallel cases, all treated upon the same general principles, and all recovering in from five to nine days. The case cited was the most difficult to control; lived nine miles in country, and roads very bad. I used to look for these cases to run from three to eight weeks. No case this season has run longer than nine days.

My readers are privileged to call these cases by any name they may please; the one fact to be remembered is that under the one treatment they lingered from three to eight weeks, while under the other but nine days at the longest.

In some of these cases large enemas of warm water were given when indicated.

To be effective the sulfocarbolates must be pushed until the stools become odorless.

Now, Mr. Editor, I beg your pardon for encroaching upon so much space. Use all or as much as you see fit. It is all *true*. A. L. BLESH, M. D.

Guthrie, Oklahoma Territory.

[We know of no better use of our space than in showing how to obtain the results claimed above in a prevalent disease, call it what you may. Truly the practice of medicine is advancing by rapid strides. If all of the many readers of this magazine will not be satisfied until they get the results above described, the treatment of this prevalent disease will be revolutionized. Think of the many weeks of illness that will be saved, and many lives as well.—Ed.]

Typhoid, or Enteric, Fever.

Editor MEDICAL WORLD:—I base a diagnosis of typhoid fever upon morning and evening variations in temperature, history of a gradual onset worse every afternoon, tenderness in right iliac region, slow pulse compared with temperature, peculiar color and odor of the stools and rose colored spots (when present). Three to five days are usually required to make a positive diagnosis, tho I have often had a guess diagnosis on first visit confirmed later.

I have very little in fixed treatment. Have almost entirely discarded turpentine internally. I depend upon disinfecting very largely. As soon as a diagnosis is well established, I recommend a milk diet, and prescribe bismuth subnit. gr. v to x, and saccharated pepsin iij to viij, every 4 hours and an extra powder after vomiting. If diarrhea is marked, add one to two grains of Dover's powder, and if stools are particularly offensive, viij gr. gray powder once in one to three days according to effect, especially on the odor of the dejecta. Then I mix acetanilid 3½ gr. and citrate of caffein ½ gr. and give two or three gr. every two hours at first until head and back ache stop. I always leave with nurse a clinical thermometer with instructions to take temperature every two hours, immediately before giving acetanilid, and if temperature is say 102½° or below, (this depending upon the way the temperature has been running, aiming to reduce it 1 to 1½ degrees), or if patient is sweating freely, or is chilly, do not give acetanilid, but take temperature one hour later, and if the temperature is then 102½° or above, give it; if not sweating or chilly after two to four days make the giving point ½° less, and so on down to normal. Occasionally, and especially where a little Dover's powder can not be given, one or two small doses of pot. brom. are indicated in afternoons or evenings. Turpentine and sweet oil on a hot cloth applied externally usually relieves pain in bowels. If this is not sufficient, a large enema of hot water, to which has

Digitized by Google

been added one to three teaspoonfuls of hydrogen peroxide, gives relief; and where very offensive stools will not yield readily to an occasional dose of gray powder, I use an enema as above with gratifying results. If sordes collect on teeth and gums, I have them cleansed with a 20 per cent. solution of hydrogen peroxide.

The above, with good ventilation and frequent baths, will usually satisfy both patient and physician, and in my cases where this treatment was followed I have never had occasion to treat bed sores, intestinal hemorrhage or parotid abscess. Many cases end in fourteen days (about seven per cent.), nearly one-half in twenty-one days, and all have, after ten to fourteen days, a comparatively comfortable time. The crank who wrote that the coal tar derivatives only enabled the patient to die with normal temperature did not have even ordinary judgment in prescribing them. I believe they have valuable antiseptic, as well as antipyretic properties. When combined with caffein, as above, and with an ordinary nurse with a clinical thermometer they never do harm, but always do good. But I would not think of treating a case without a temperature chart, with the hours marked at which antipyretics, including baths, are to be given; by that I guage my next day's treatment. Several other remedies might occasionly be used which, together with indications for their use, are purposely omitted from this very much condensed, but, I fear, already long letter.

W. H. TASSELL.

Shinglehouse, Pa.

Typhoid Fever.

Editor MEDICAL WORLD:—In the July number of THE MEDICAL WORLD, Doctor I. B. Washburn says he thinks I champion the wrong side of more questions than any other man he reads after.

I assure the readers of THE WORLD that it is not from choice that I champion the unpopular side of so many medical and social questions. It is nearly always easier to be popular than to be right; and I am thankful that to be unpopular and to write unpopular things is not *always* to be wrong. I am thankful, also, that the criticisms I receive are not always of the adverse kind. I hope to be pardoned for giving the following quotation from a postal card from a Miss. Doctor: "I want to tell you that you can mix as much common sense and common honesty in a communication as any man I ever read after. I would be pleased to hear from you oftener. * * * We need more Lockharts and Big-hearts in our ranks."

I do not expect that the writer of the above, and the writers of the many other complimentary letters I have received, agree with all I write. If I had none but popular ideas to present my pen would be allowed to rust. I do not scorn popularity, but desire not to pay too high a price for it.

So much as a preface to what Doctor Washburn and others will doubtless call the "wrong side" of the typhoid fever question. I cannot accept the theory of the etiology of that fever now so popular with the medical profession. It is opposed by nearly all, if not all, the observations I have been able to make in a practice of nearly twenty years. During most of that time my practice has been in frontier settlements where the water supply was almost exclusively from wells *new* and *deep*, from 25 to 125 feet, where water contamination was out of the question. Last year I treated fifteen isolated cases of typhoid fever scattered over a large range of territory, and in homes where nothing like this disease had ever been known. In the cases of two large and extremely poor families, with only two rooms in their houses, the sick and well lived together, and the flies swarmed from the sick room to the kitchen, yet there was but one case in each family. Even where no attention has been paid to the disinfection of the discharges from typhoid patients, and their disposition has been the most careless imaginable, I have never known more than one case in a family except in four or five instances. In these exceptions the infection could not have depended on the water supply, for the patients and their friends continued the use of the theoretically infected water, the former getting well, the latter remaining well.

Metschnikoff and others of the advance guard of bacteriology have effectually

of this fever. They have shown that the so-called typhoid bacillus is profusely distributed where typhoid fever never existed, and in hospitals where for years there had been no case of that fever.

Typhoid fever is seldom, if ever, sudden in its onset. Our typhoid patients usually confess that they had been feeling badly for several days, perhaps a week or more, not sick exactly, but indescribably torpid, slight but persistent headache, easily fatigued, bad taste in mouth, especially in the morning, slight chilly sensations with flashes of heat, bowels usually slightly constipated but may have diarrhea. These patients usually conclude, more from instinct than reason, that the liver is at fault; they are bilous, and tell us they have taken several doses of Dr. Cureall's Liver pills, but they don't have much effect. My worst patient last year was a small man of indomitable will power who worked in the harvest field for a full week after he should have been in bed, "determined to wear it off." He was in bed twenty-two days, but made a good recovery. If we inquire more particularly we find the majority of these patients have not been feeling real well for three or four months.

I believe such patients are instinctively right when they conclude that the liver is at fault, but they err in judgment when they think Dr. Cureall pills will effect a cure. The liver is the great poison destroying organ. We are told that small quantities of some poisons (animal toxines I presume), and others manufactured in the natural process of disgestion, cannot be found in the blood after it has passed through the liver; but their non-toxic by-products can be found in the bile and in the intestines. / Is it not rational to conclude that these poisons were destroyed or changed to non-poisonous substances in the liver? And if so, is it not rational to presume that if the liver failed to perform its functions, these poisons would be thrown back upon the system and functional derangement of all the other organs would be the result? Now, bear in mind that the earliest prodromal symptoms of typhoid fever point directly to a functional derangement of the liver, and we have a good basis for the conclusion that typhoid fever is an auto-infection; that the system is surcharged with an auto-poison that cannot be eliminated by the natural channels and most be destroyed in some other way —*i. e.*, burned up. The fever then is physiological. The trouble is it sometimes burns at too a rapid rate and consumes too much other valuable material, and as that is the chief danger in typhoid cases, it seems to me to be the duty of the physician to stimulate the natural elimination of the retained poisons; take the fuel away and the fire will die out; or, failing in this, as he sometimes will, pour on water to keep the conflagration within bounds; the temperature below 103 degrees. I would rather have the poison burned up in four weeks with a temperature below 103 degrees than in half that time with a temperature of 105 or more. The reason is obvious. The higher the temperature the greater the change in the parenchyma of the various organs, predisposing to the various complications, such as diarrhea, tympanites, hemorrhage, heart failure, etc.

Having studied myself into this view of typhoid fever, it was but natural that I should discard the old plan of treatment and map out some new plan. And if I am not mistaken, results have proved the wisdom of the conclusion. Under the old treatment I never knew of convalescence being established before the end of the third week. Now convalescence in from 10 to 14 days is not uncommon, while twenty-one or more days is the exception. Under the old to treatment, when a patient would come me with the prodromal symptoms above enumerated, I would say, "You are going to have typhoid fever and it will have to run its course." Now I say, "here is a prescription for a few capsules; and if you don't feel better in a few days, better let me know." As a rule they get better. Some will hang around the ragged edge of typhoid fever for a week or more, but you can't keep them in bed or restrict their diet very much. In the morning their temperature will be normal or a degree or two above normal, and in the evening one, two or three degrees above normal. In most of these cases there is right iliac tenderness and gurgling under pressure. Tympany

Digitized by Google

seldom develops under appropriate treatment. Petechiae will sometimes be noticed in mild cases, and often be entirely absent in severe cases presenting all the other signs of typhoid fever. Bronchial cough occurs in nearly all cases; very slight in the majority, but in some cases so severe as to be the most prominent symptom.

As a hepatic stimulant I have chosen podophyllin as being the most efficient and reliable, and in the initial stage of typhoid fever prescribe it in doses of one-eight to one-fourth grain, with one or two grains of quinine as an indirect synergist, every two, three or four hours as indicated. When in over fullness of the bowels indicated, or the general symptoms are urgent as they usually are when called late to a case, one-half to one grain of calomel is added. Podophyllin is the basis of the celebrated Woodbridge treatment, but I can see no reason for administering it in such oft repeated infinitesimal doses.

I have chosen zinc sulphocarbolate as being the most efficient intestinal and systemic antiseptic, or destroyer of typhoid fever poison. I have tried others, especially listerine, but have not found them equally efficient. The zinc is given two to four grains in aqueous solution every two hours, after the bowels have moved freely, or before if there is much diarrhea. If there is no stool for forty-eight hours an extra dose of calomel is ordered.

Guaiacol carbonate, menthol and eucalyptol is the combination of antiseptics used in the Woodbridge treatment. I have not tried this combination, but surely it can have no advantage over the zinc solution. The sulphocarbolate solution has at least one great advantage over the above combination—you don't have to dose your patients every fifteen minutes.

As antipyretics my chief reliance is the sponge bath and acetanilid. The latter in one to two grain doses every two or three hours when the fever cannot be easily kept below 103° by the former. Large doses of antipyretics, whether of vegetable or mineral origin, should never be administered in advanced typhoid cases. In small doses they are beneficial and usually safe during the first two weeks of the disease. A marked amelioration of all the symptoms due to high temperature will usually follow the administration of a few small doses of acetanilid. If the antipyretics other than cold water are followed by excessive sweating, they should be discontinued or combined with atropia sulphate. A pint of cold water injected into the rectum is an excellent antipyretic.

Under this treatment I have had neither hemorrhage nor diarrhea to contend with. If they should occur, as under the old treatment, opium, bismuth subnitrate and lead acetate would be my chief reliance. The use of ergot is, I believe, a dangerous procrastination in the hemorrhages of typhoid fever.

The diet I usually prescribe is milk, milk and lime water, and egg nog, alternated with good mutton or beef broth. I have never seen any harm come from letting patients have small quantities of the more solid foods as soon as they are able to leave their beds. Last year I had a typhoid patient 73 years of age who was allowed toast, eggs and rice all through her sickness. I think, everything considered, she did the best of any of my typhoid patients last year. I constantly find myself growing in favor of a more liberal diet in all diseases.

I have almost entirely discarded the use of alcoholic stimulants (?) in the treatment of disease (never used them otherwise). I have never seen any good derived from the internal use of alcohol. I am sure my patients of all classes now do better without it than they used to with it. I believe it was ignorance of the true effects of alcohol that permitted it to be classed as a stimulant. It is a narcotic poison, and it diminishes the sensibility of the nervous system and the functional activity of the glandular system. It retards rather than promotes the elimination, or chemical destruction of the auto-poisons.

No doubt, the prevailing theory that typhoid fever is caused by absorption of bacilli toxin from the alimentary canal has caused thousands of these typhoid patients to be physicked to death, under the impression that the cause (bacilli) must be removed before the patient could get well. Rational treatment if the theory is correct; but I have noticed

Digitized by Google

that those who follow that plan invariably lose a large per cent. of their patients. Again, the theory is disproved by the fact that the plan of locking up the bowels, as advocated by some, is no less successful than the opposite plan. Many patients have recovered with innumerable typhoid bacilli in their opium-locked bowels.

Now, dear reader, your mere assertion that I am wrong in regard to typhoid fever and other matters medical may carry as much weight with the medical profession as all my arguments, so crudely presented; but it don't look well to accuse a man of being wrong with no attempt to show in what the wrong consists. If you can show that I am wrong, I am sure the courteous Editor of THE WORLD will be only too glad to give you space.

DR. J. W. LOCKHART.

St. John, Wash.

Is it Typhoid?

Editor MEDICAL WORLD:—We have here, on the Eastern Shore of Maryland, what I have been calling continued malarial fever, for want of a better name. Some call it typhoid, typho-malarial, slow fever, etc., but it seems to me to be neither of these. There is certainly no intermission; after the first two or three days no cold or sweating stage. Towards the latter part of the third week (it usually runs three weeks, with occasional relapses), owing to weakness there is some sweating.

Temperature ranges in this fever from 101–2° in the morning to 102–3° in the evening; and this rise and fall from the incipient stages to the end is uniform. Constipation with slight tympanites is the rule. Occasionally, during the night, there is mild delirium, but hardly ever that low, adynamic, muttering condition of the typhoid patient. Rarely intestinal hemorrhages. In a very few cases tendon jerking may be observed, and in vain one may look for the rose-colored spots on chest and abdomen. They do not appear.

These cases usually recover. What is it? If typhoid, then, in a modified form. I treat a number of these cases every year, and the sameness is striking. Have five cases now in one family. Some sit around and walk about the house, others groan on the bed, temperature running from 101 to 104, with evening exacerbation.

Tongue in these cases generally heavily coated with a whitish fur. During third week pretty sure to clean and assume a dark brown cracked aspect. Appetite usually wanting.

Quinine possesses no controling influence over this fever, tho large doses will temporarily depress it.

What shall I call it?

Indeed, apart from symptomatic treatment, soda mint tablets, as far as I can judge, do as well as anything. Have never been able to see that the cases I treated with tinct. iodine and carbolic acid got out sooner or in better condition than others on different treatment.

Cold water and ice seem to be worth something in the line of amelioration. I hope that the waste-basket is already full, and that I shall learn something more about this fever thru THE WORLD.

Allen, Md. J. I. T. LONG.

[Your cases seem to have the typhoid range of temperature (only not reaching very high) excepting those that you mention as having a temperature "ranging from 101° to 104°." These cases are malarial, or have a malarial element. In genuine typhoid the temperature range is only about one degee between morning and evening, unless baths and medicines are given to produce more marked remissions. What to call this fever is not as important to you as how to cure it. Try some of the antiseptic methods given in this issue or the Woodbridge treatment.—Ed.]

Pension Examining Surgeons.

Editor MEDICAL WORLD.—It has been suggested that some general information in regard to this branch of the public service will prove of special and timely interest to the medical profession of the country.

The boards of examining surgeons for the Pension Bureau are established by the Commissioner of Pensions throughout the country wherever the necessity exists, with due regard to the convenience of claimants, railroad facilities and other considerations. There are now of nearly 1300 of these boards, consisting

three members each; there are also about 250 single examining surgeons and about 150 eye and ear specialists, making a total of nearly 4300 physicians who are duly commissioned to make the medical examinations which may be required. If a claimant does not reside within a reasonable distance from a board or surgeon, or resides in a foreign country, a physician in civil practice is selected to make the examination. When it is necessary a claimant may be ordered to be examined at his residence, at an asylum, or elsewhere.

The appropriation for the payment of the examining surgeons for the current fiscal year is $750,000. It is estimated that the physicians of the country receive in fees directly from the claimants for furnishing the medical testimony required in the various pension claims at least $300,000 per annum, while their receipts from fees for regular professional services to pensioners, claimants, and their dependents, would pass the million dollar mark. It appears therefore that considerably more than two million dollars annually goes directly to the physicians of the country from this source. If this amount were equally divided among the 100,000 active practitioners each share would be about $20. No estimate can be made as to the amount of gratuitous work among this class of patients.

The amount appropriated for the payment of pensions for this year is $140,000,000. which is about two dollars per capita for the entire population. It is probable that the annual expenditure for pensions, under existing laws, has almost reached its maximum. The stoppage of payments on account of deaths, remarriage of widows, etc., nearly balances the sum total of the new claims allowed.

All physicians, as good citizens, should have an interest in this matter, even if they are not on these boards and are not and have not been applicants for the positions.

The new Commissioner of Pensions, Hon. H. Clay Evans, was quoted recently as saying that he desired that the boards of examining surgeons should be non-partisan, and that as far as practicable he preferred that each board should be composed of an ex-soldier, an old practitioner and a younger man. His idea appeared to be that the young man would do excellent work especially in the matter of preparing the reports or certificates of examinations, that the older practitioner would be more practical as to the actual examination, and that the ex-soldier, in addition to the matter of professional experience, would give the tone of confidence and comradeship which would be lacking in the others. Such would undoubtedly constitute a practical and strong board, if the members were individually well equipped for the work, and it would be all the better if one member were also a competent oculist.

In 1896, by the order of President Cleveland making a general extension of the classified civil service, all of these examining surgeons were brought under the rules of the U. S. Civil Service Commission. When the compensation of the examining surgeons during the preceding fiscal year has exceeded $300, a civil service examination is now required for the positions, which are filled by certification through the Commission as in the departmental, postal and other branches of the public service. Where the annual compensation did not exceed $300, the positions may be filled without an examination.

The boards in the large cities and in the populous centres come under the former class. As the regulations for putting this extension into practical operation were necessarily somewhat delayed, and as the physicians generally had no knowledge of the change, the system as applied to these positions is still comparatively untried. It will not be possible to estimate the practical results for some months or perhaps years. The recent changes appear to have been most frequent in the boards where the examination was not required.

President McKinley has quite recently made a most important amendment to the civil service rules, to the effect that no removal shall be made from any position subject to competitive examination except for just cause and upon written charges, of which the accused shall have full notice and an opportunity to make defense. This applies to those positions.

Google

as above stated, where the annual compensation has exceeded $300.

Such is the present status of these positions. The examinations by the Civil Service Commission are held at specified dates, usually semi-annually, at different cities throughout the country. "Applicants must be citizens of the United States, graduates of a reputable medical college, above the age of twenty years, and not barred by State or other laws." The examination covers the following: anatomy and physiology, physical diagnosis, general and special pathology, surgery and a thesis on some common medical theme, which is required to contain not less than 250 nor more than 500 words. "It is desirable that the members of boards should reside near the places of meeting, and hence registers of eligibles will be made up by districts."

Subject to certain conditions, veterans of the late war who were formerly on these boards may be reinstated without examination, and without regard to the length of time they have been separated from the service.

Formerly, the appointments to these positions were made directly by the Commissioner of Pensions, and usually upon the recommendation of the representative citizens of the locality where the boards were situated. Physicians who had at least five years' experience were preferred.

The physical examination of claimants now required by the Pension Bureau is comparable in some respects with an examination for life insurance; but it must be more complete and searching. The applicant for life insurance is presumably a sound man; the examination is made with a view primarily to determine this point, and the report consists largely of answers to categorical questions. The applicant for pension, or for an increase of pension, is presumably not a sound man. His examination should be conducted with a special view to determining whether he is disabled, as he claims to be, and whether there exists any disease or disability that is not known, or not alleged by the claimant; and not only this, but the extent of the pathological changes, the possible pathological relationship to prior injuries and diseases and the degree of disability from each cause, are to be determined and clearly and definitely described. Obviously, the physical examination in these cases must be thoroly made by careful and competent observers, and the report must be complete and comprehensive, in order that the medical officers of the Pension Bureau may be in possession of all of the facts, and thus enabled to make a just and equitable adjudication of the claims.

The necessity for a complete physical examination, independent of the allegations of a claimant, is apparent because of the fact that many are or become applicants under the general law, when the disabilities must be proven to have originated in the service, and also under the Act of June 27, 1890, when the extent of disability from all causes aside from vicious habits is to be considered. It is also a fact that many claimants have had but little regular medical treatment or attendance, and their notions as to their ailments are crude and curious. For example, one knows he has disease of kidneys because he has a pain in the back; another is convinced that he has heart disease because his mother died of that affection; another explained that he meant to claim for typhoid fever, but he couldn't spell that and he "did know how to spell rumatis and so put that in," thinking it made no difference. Many claimants are found to have serious organic diseases of which they have no definite knowledge.

The compensation of the pension examining surgeons is fixed by fees, being two dollars for each surgeon participating in each examination whenever five or a less number are examined on any one day, and one dollar for each additional examination made on that day, but no more than twenty claimants may be examined on one day. When an examination is made at a claimant's home or other special place, only the necessary traveling expenses are allowed in addition to the regular fee. The fee for a specialist's examination is five dollars. The boards usually meet weekly, on Wednesdays. The members are not required to be residents of the place where the meetings are held, but they are expected to be regular and prompt in

attendance. A claimant has a legal right to be examined by a full board, and he may decline to be examined if all of the members are not present; his consent to be examined by two members of a board must appear on the certificate over his signature. A member of a board who neglects a meeting to attend to private business may cause great hardship to one or more poor claimants who have journeyed a long distance in order to appear before the board. If a board meets and no claimants appear, the satisfaction of having performed a duty should compensate for any personal loss or inconvenience.

The amount received by the members of different boards ranges from a few dollars per annum up to $1,200 or more. It pays well to be on some of these boards, and these places are desirable, but on the whole the examining surgeon who does his work thoroly and conscientiously earns every cent he gets in this way. A busy practitioner would hardly undertake the work merely for the money which it brings.

These fees were fixed years ago, when the examinations were usually limited to the disabilities on account of which pension was claimed. During the past few years, and especially since the passage of the Act of June 27, 1890, there has been a marked increase in the necessary requirements as to the examinations and reports, entailing much more actual work than formerly.

It should be kept in mind that claimants for pension, like private patients seeking medical advice, are readily impressed by a thoro and pains-taking examination, and are even more quick to note when they have been hurriedly or carelessly examined. The examining surgeons are the direct mediaries between the claimants and the Pension Bureau. Their obligations and responsibilities in this connection require faithful and impartial consideration.

In connection with the subject of pensions it should be borne in mind by the medical profession that they are frequently called upon to testify in pension claims, and that their testimony as to the clinical history of a case may be of the greatest importance. Indeed, the practitioners of the country, in their capacity of attending physicians and as the official examining surgeons, furnish the evidence which largely determines the admission of claims and the rating to be allowed. All medical affidavits should be made full, clear and concise.

It will be seen that the work of the pension examining surgeon is of a particular character. He who undertakes the work, whether he is old or young, an ex-soldier or the son of a veteran, or whoever he may be, should be practical, patient, pains-taking and sympathetic, though firm in his judgment. To those who have the qualifications, the time, the inclination and the opportunity for this work, the practical experience and knowledge to be gained are worth far more than the mere monetary consideration.

H. T. GUSS, M. D.

Washington, D. C.

Diarrheas of Children.—Bright's Disease.

Editor MEDICAL WORLD.—The Editor's comments in July WORLD concerning thoro research when you have a rather a tough case is good.

Now while so many of us are giving in our mode of treating the diarrheas of children, let me say that one of the very best little articles, or rather books, that one can find concerning children's diseases in general is "Practical Points in the Management of the Diseases of Children," by Dr. I. N. Love (published by Geo. F. Davis, Detroit). It has been my experience, in the treatment of children's diarrheas, that a very great majority, if not all, of the cases, are due to a fermentation, instead of a proper digestion, of the food. When children are teething nature begins to develop the glands of the small intestine, preparatory to the digestion of a different food from that which the child had been receiving. This process of glandular development produces a physiological congestion of these parts and of course with a tendency toward inflammation, if only a little irritative substance is present. Food that is digested principally in the small intestine thus acts as an irritant, and as a natural consequent there follows a diarrhea as nature's effort to rid itself of the irritating mass. Nature is not always equal to the task and there is developed a poisonous

Google

ptomain, which is absorbed, and then the nervous systems begin to manifest themselves.

Taking into consideration the above causative factors of summer complaint, I have directed my treatment as follows.

First: Evacuate the bowels. This I do by giving $\frac{1}{10}$ gr. calomel with soda every hour until the bowels are thoroly cleared out.

Second: Render the canal as near antiseptic as you can. I generally use the following, with such variation as the case demands:

℞. Bismuth subnit. - - - - dr. ij
Ext. rhei fld. aromat. - - - dr. ij
Listerine - - - - dr. ij
Mucilago Acaciae - - q. s. oz. ij
M. (Shake.) Sig.—Teaspoonful each 2 or 3 hours.

Third: Feed the little one properly. Horlick's malted milk has been a regular thing with me for several years, and is a good food. Sterilized and predigested milk are of course all right, but in the country such preparations are almost out of the question. But what ever food is used, moderation is the requisite. Feed often and in small quantities. Do not forget that pure water should be advised as a necessary article of the diet.

The above is about my way of treating these little patients, and my reputation as a baby doctor has not waned in the past few years.

A few numbers back, in THE WORLD, there appeared an article on the treatment of Bright's disease by the use of nitro-glycerine and milk. The author of the article claimed to have treated a number of cases, all successfully, by this method. I wish to ask the doctor if *all* of his cases were really chronic nephritis? I am quite a little skeptical as to this, because I have recently had four cases of the malady, and one (the most promising) I treated as the article directed. Instead of the treatment doing any good she steadily grew worse, and would have died much sooner than she did had I not resorted to other measures.

Goddard, Kans. DR. C. E. SCOTT.

Send 15 cents for WORLD on trial for the remainder of 1897. Coin or stamps, better send 1 dime and 5 cents in stamps.

Summer Complaint, with Greenish, Sour-smelling Stools.

Editor MEDICAL WORLD:—The principal part of bowel troubles in children arise from errors in nursing and feeding. Mothers should be instructed more in the line of preventing those bowel and stomach diseases than in curing them. Mothers should avoid all unnecessary feeding, and not allow the child to nurse overheated milk. In the above form of bowel trouble I would, in the beginning, give:

℞ Hyd. cum cretae . . gr. ij
Sodii bicarb. . . . gr xv
Pulv. ipecac . . . gr. ij
M. Ft. charta 12. Sig. One powder every hour, and with the 6th and 12th powder give one teaspoonful of castor oil.

This is for child from eight months to two years old.

After administering this treatment I would give:

℞ Bismuth subnit. . . dr jss
Syr. rhei aromat. . . oz. ss
Lime water ad. . . oz ij
Sig. One teaspoonful every two or three hours according to nature of case.

If febrile symptoms, I give aconite as Dr. Powel recommends on page 272, July WORLD.

As regards diet, I prefer sweet milk, egg albumen, beef or mutton juice, whichever agrees best with the patient. This is my treatment generally in this form of bowel trouble, with cleanliness as the watchword, and if not effective in a reasonable time I would in addition use irrigation. A. E. DALTON.

Friedheim, Mo.

Veratrum Hypodermically for Convulsions—Does Quinine Favor Hemorrhage in Labor? For Dysentery—For Hysteria.

Editor MEDICAL WORLD:—In reference to injection of Norwood's fl. veratrum in puerperal eclampsia, I have never had occasion to do so in twenty years' practice, but in a case of convulsions in a boy eleven years old, after exhausting all the list of antispasmodics by the stomach, I remembered the above, and injected hypodermically 5 gtts., and the result was almost magical. In a week or two he was seized with convulsions again and the same injection produced the same results. It produced

Digitized by Google

severe vomiting for a short time, but otherwise was all that could be wished.

Quinine in labor is a subject on which doctors disagree. I have used it many years without any post partum hæmorrhage; indeed fail to see why a drug that will produce or increase contractions should favor hemorrhage. Some will advise against the use of quinine and at the same time recommend the use of chloroform in labor. If there is anything in physiological action of drugs, the latter would be most liable to cause post partum hemorrhage.

No better remedy exists for acute dysentery than a combination of magnesium sul., acid sul. arom. and morphia. It is nearly impossible for small children to retain it, but for larger ones and adults it is almost specific, if there be such a thing.

In hysteria, apomorphine, $\frac{1}{10}$ gr. hypodermically, is good enough for any one. Some patients will give you a "blowing up," while others, who are so long recovering from the after effects of other remedies used, will thank you for it, but none of them have much time to think of their maladies or pose for sympathy.

Wisner, Neb. D. BOSWELL, M.D.

One Day in My Office.

(CONCLUDED.)

Editor MEDICAL WORLD:—(10) Boy aged 19. Second attack of chorea. Sprayed spine twice a week with ether. Instructed to keep bowels open; diet mostly milk and bread; no meat, tea, coffee or stimulants of any kind. Gave Fowler's solution, six drops in water after each meal, and increased one drop each dose, until ten drops were given at each dose; continued this until I obtained its physiological effects, then discontinued for two days, and commenced again with ten drops. Would rest two days, whenever its physiological effects were manifest. Gave ten drops tincture of iron with each dose. The boy was very anemic. Between meals and at bedtime, gave $\frac{1}{50}$ gr. hyoscyamine. If not sleeping well, instructed to give passiflora at bedtime instead of hyoscyamine. This boy was cured in fourteen days.

(11) Lady aged 61. Chronic ulceration of cornea. Washed eye twice a day with a 5 per cent. solution of boracic acid; bovinine, one drop applied to ulcer three times a day; gave quinine and iron three times a day; kept bowels open. This cured the ulcer in ten days.

(12) Gentleman aged 60. Procidentia recti of thirty years' standing. Prolapse measured eight and one-half inches in circumference. Treated twice a week with galvanic needle (neg.). The case is now practically cured. The galvano or thermo cautery would have cured quicker, but I was anxious to test electricity in this case. This treatment is a positive cure for "piles." I have the patients, whom I have cured, to testify to the truthfulness of this statement.

(13) Boy aged 4 years. Testicles had never descended into scrotum; parents uneasy about his condition, as he was complaining of pain in inguinal region. Instructed them to try massage, with gentle rubbing downward. This succeeded in bringing one down within one week.

(14) Lady aged 59. Lumbago.

℞ Fl. ex. black cohosh
Tr. cinchona comp. . . āā oz. j
M. Sig. Teaspoonful every 4 hours. Locally, thapsia plaster.

J. T. BARNETT, M. D.
Hardinsburg, Ind.

Ten Years of Dosimetric Practice.

Croup.—Sulphide of Calcium.

Editor MEDICAL WORLD:—I hope the Editor and his numerous readers do not think I have left the "regular ranks" because I so often refer to the great number of "regular holdbacks" in this country, who stubbornly oppose, while they refuse to investigate and try this simple and safe method of medication. As has been so often repeated, "Dr. Burggraeve, its author, who was a regular practitioner for fifty years before he evolved the method, insists that it should not be considered a new system or school of medicine, but simply modern or improved allopathy." Dosimetry may be considered in fact as true eclecticism, and as it does not consist of the administration of the alkaloidal granules alone to the exclusion of all well known and tried therapeutic agents used in other

Digitized by Google

methods, so the true physician will not be hampered by it or the dogmas of any school in the selection and administration of the remedies he deems best for his patient. Thus, in the first case of true membranous croup treated by me under this method, I did not hesitate to use an old reliable remedy I had learned from the writings of Dr. Fordyce Barker thirty-five years before, i. e., hydrarg. sulph. flav. It was a desperate case in a little girl aged six years, who was in great danger of suffocation from the accumulated exudation in the larynx, it being the third day of the disease when I was called. Three grains of the remedy produced such prompt emesis, that the father, not prepared for such quick results, caught a double handful of the ejected false membrane. I know it is considered bad practice to use emetics in this disease on account of the danger of increasing the existing prostration caused by the disease, but this remedy in three to five grain doses never fails to produce vomiting in less than five minutes; clears the passages of false membrane better, and leaves neither the nausea or prostration caused by antimony and other powerful emetics. Its action in this case promptly relieved the distressing dyspnea and aphonia, and I immediately sprayed the parts involved with a strong solution of sulphide of calcium in glycerine and water, and kept her breathing an atmosphere charged with a spray of lime water and glycerine from a steam atomizer. A granule of brucine and bromhydrate of quinine was given every two hours to counteract prostration and sustain vital energy, and one granule each of aconitine, digitalin and veratrine, to reduce fever and inflammation, in the intervening hours, while one of calcium sulphide was given at every suitable opportunity. Under this rapid and continuous administration of these minute doses of the various medicaments no more membrane formed, and in twelve hours the patient was resting, easy and comfortable, free from fever and other symptoms of disease except debility, and was dismissed convalescent at the end of twenty-four hours.

The frequent repetition of the dose is the main objection urged by many who refuse to adopt the method, but in cases like this, where the little sufferer is liable to die in a few hours, the friends are anxious to be doing something all the time and this gives them employment between the physician's visits, and as he has none of the trouble, the objection seems puerile to me; besides, who would not willingly undergo even more trouble to carry out the requirements of a method which cures in twenty-four hours, while those who escape death under other methods are so prostrated by the disease and the drugs given to conquer it, that they are confined to the bed a number of days, and then endured a tedious convalescence? I treated this little girl through a similar attack two years before according to the old method, and she was in bed eight days and came near dying. Had I been called on the first day of this last attack the emetic would not have been needed, as the disease could have been aborted and the exudation prevented, as I have frequently done since by saturating the system early with calcium sulphide; sustaining vital energy with brucine and quinine, and subduing the morbid action in the throat and upper air-passages with cicutine and iodoform.

It will be observed that I prescribe calcium sulphide very frequently, but I do not want any one to think that I regard it in any sense as a panacea, for no such agent can exist; nor do I believe in specifics in medicine. Yet this wonderful and, so far as my observation goes, harmless agent fulfills many indications in many morbid conditions, and in the infections and contagious skin diseases it comes as near being a specific as can be found among therapeutic agents. However I never give it alone, but always associate with it Burggraeve's "cheval de bataille" of dosimetry, ars. strychnine, and, in cases of boils, abscesses and obstinate skin affections, the ars. soda also. With this combination in these affections and the eruptive fevers it has never disappointed me, and European dosimetric physicians claim with its aid to be able to jugulate even variola, aborting the eruption to the extent of preventing its reaching the vesicular and pustular stages, thus rendering that terrible disease as benign and mild as

Digitized by Google

rubeola. I can readily understand and believe this, as it imparts to the blood a substance that is death to all micro-organisms, and it is the only agent, so far as I know, which will accomplish this in a living organism without the least danger of injuring or causing the death of that organism. Thirty years ago I treated this same disease, small pox, with the hyposulphite of soda, with the same end in view and very successfully too, but lacked the important adjuvants which dosimetry furnishes; and the physician should always remember that disease is simply an unbalanced state of health; and that *lowered vitality* is the first result of that state, and, however sthenic the conditions may appear, always associate with their microbicides the nervo-vital incitants and reconstructives. This is the one grand secret of the success of dosimetry, and is the result of its venerable author's boldness in being the first to give strychnine in fever, because as he says, "Asthenia always lurks behind Sthenia." The extent of the capacity of calcium sulphide for good has not yet been learned; but it has done its most satisfactory work for me in some cases of incipient tuberculosis lately. Yet while giving it all due credit, I did not dare trust to it or any one remedy alone in that dread disease, but in addition gave Abbott's granules of beechwood creasote, Aulde's nuclein and all the nervo-vital incitents, tonics and reconstructives that the patients could bear.

[To be Continued.]

W. L. COLEMAN, M. D.
Houston, Tex.

Mistletoe Poisoning—Typhoid Fever.

Editor MEDICAL WORLD:—On January 15, 1897, I was called to see a lady who was suffering from having eaten mistletoe berries. She had eaten the berries at 11 a. m. I was called at 7 p. m. Found on inquiry that she began vomiting in about an hour after eating berries; in about two hours the bowels began to move very often, and she complained of severe griping pains all over stomach and bowels; also complained of head feeling very dizzy. The pain was so severe that I gave a hypodermic ¼ gr. morphia and $\frac{1}{150}$ gr. atropia, and every hour a pill of cocainnd e acreosote comp., each pill containing cocaine muriate, $\frac{1}{20}$ gr.; creosote, ⅛ gr.; oxalate cerium, 2 grs.; pepsin, ¼ gr.; tr. nux. vomica, ¼ min. In two hours I repeated hypodermic. The vomiting and purging became less frequent, the pains subsided, and at 12 o'clock p. m. she went to sleep and slept well till morning. She complained of some dizziness through the next day and some soreness in bowels for three or four days. The only excuse that I have for reporting this is that it was something new to me. I could not find in any of my works any treatment for mistletoe poisoning. Stille and Maisch give the symptoms, but do not give any antidote. So I had to treat the case on general principles.

I forgot to state that the husband also ate a few of the berries. He vomited once, but had no further unpleasant symptoms.

Brothers, after the first week in your typhoid fever cases, try Dr. J. G. Truax's pill, prepared by the G. F. Harvey Co., chemists, Saratoga, N. Y.: Salol, 1½ gr.; salicine, 1½ gr.; corros. sublimate, $\frac{1}{100}$ gr. Give one every four hours. Give salicylate of ammonia, from 2 to 8 grs., every three or four hours to control fever; also sponge baths of warm water. I think you will materially shorten the duration of the fever.

W. F. ROGERS, M. D.
Cyclone, Bell County, Tex.

Best Treatment for a "Jag."

Editor MEDICAL WORLD:—It has been a long time since I have written a letter to THE WORLD, but I have never forgotten it, as it is always a welcome visitor to my desk. Since giving up the general practice two years ago, I have gradually dropped all of my journals which do not treat directly with my specialties, except THE WORLD, and I will hold on to it as long as it keeps up to the present excellent standard. Long live THE WORLD!

The reason for this letter is the request, page 337, of Dr. R. B. Cunningham, for the best, quickest and shortest means of winding up a "jag." When I was doing the city and police work here I was called to attend upon a lot of

Digitized by Google

such cases at the "cooler," and they were all of the kinds known to the history of man. As there was usually plenty of time, and the mayor was in no hurry to see them, the usual remedy which I employed was a hypodermic injection of morphine and atropine, with a stiff dose of strychnine nitrate included, and one of the heart tonic tablets containing digitalis, strophanthus, and nitro-glycerine. After they waked up they were usually all right. Sometimes, when they were wild with delerium and dangerous, requiring five or six big policemen to hold them down while giving the "shot," I have not hesitated to give a whole grain of the morphine, with a third of a grain of the strychnine, at a single dose. This form of treatment however is not quick, altho effectual. My method of treating the hurry and to-be-kept-quiet cases is to give them an electro-vapor bath, with a temperature of about 115 degrees, till they sweat profusely, giving them cold water freely to drink and to the top of the head, and about twenty milliamperes current of galvanism from the hands to the feet, while in the bath. After this give them a thorough massage from head to foot, and a few minutes sleep, and they will walk out of the room as straight as a die, although they may have had to be helped in and undressed when they came.

This is short, quick, and the "best" treatment there is.

Then prescribe the following for the depression following, and for the craving for more.

℞. Resorcin . . gr. v–10
Syr. aurant. cort. . oz. iv
M. Sig. Take at a dose and repeat in an hour or two, if needed for the "big head," or, as the Germans say, the "Katzenjammer.

℞. Tincture strophanthus gtt. vii
Aquæ menth. pip. . oz. ss
M. Sig. Take at a dose, three times day, for the craving.

To Dr. Chambers, page 338, I would recommend that he treat his case of masturbation by means of hypnotic suggestion as the only cure. The method is given fully by Dr. Flower in the July WORLD, page 267–8.

H. C. BENNETT, M.D., M.E.
Electro-Therapeutic Sanitarium.
Lima, Ohio.

Importance of Post Mortem Examinations.

EDITOR MEDICAL WORLD:—

Some few weeks ago I was called into consultation with one of our neighboring physicians. Our patient was a strong, healthy and robust negro about twenty-one years of age, suffering with some obscure abdominal trouble. He had been sick only three or four days. Very unexpectedly symptoms of collapse supervened, and this young man lived only a few hours after I saw him.

Here was a puzzling case. We didn't make a diagnosis—only ventured an opinion. We did not know what killed this man. We knew it was one of three or four causes. This was an interesting case. Was it instructive? could we learn from experience like this? No amount of such observation would teach us anything. The point I want to emphasize comes in right here. To know for a certainty what produced this death, it was absolutely necessary to make a post mortem examination. Without it we could only conjecture; with it we were certain as to the cause, and we could verify our opinion, or point out our mistake. Here was a very instructive lesson buried out of our sight; here was an opportunity lost. How many physicians meet with just such experiences? Why is a post mortem investigation the exception instead of the rule?

I have a case under observation now—a very peculiar form of heart trouble. Several physicians have treated this man. They have given him as many different opinions, and as many kinds of treatment. We *don't* know what the trouble is. It may be one thing; it may be another; evidently he can't live long, and in all probability, when he dies the secret which would be worth so much to us will be buried with him.

Suppose that physicians knew that it was a custom to hold post mortem examinations. Would they not be more painstaking in forming a diagnosis? and would they not be less dictatorial in their opinions? I think they would. And, furthermore, with the knowledge that their theoretical deductions were to be either substantiated, or controverted by physical facts, would they not be more liberal in their differences? Why do we not resort to such methods of

Digitized by Google

investigation oftener? I think one reason is that we have not taken the proper view of the subject. We have never made an effort to popularize such a practice. The people think that it is only in exceptionable instances that such a procedure is to be resorted to; that it only has to do with medical jurisprudence. Now I only wish to point out to the profession the great benefit that would not only accrue to us, but also the greater benefit that would accrue to suffering humanity, if we would oftener hold these examinations. I wish to ask some one to suggest a plan whereby we will be permitted to carry out this idea. In other words, I would like an expression of opinion from the WORLD family on this subject. What do you think about it, Mr. Editor?

Cross Anchor, S. C. W. B. PATTON.

[Did you ask for a post mortem in the case of the young negro? I think that physicians themselves are to blame for the rarity of post mortems. They should ask for them in all obscure cases. The manner of asking is important. It should be done with tact and delicacy, and with due explanation of the importance, not only to science, but the great satisfaction to relatives and friends in knowing the exact cause of the loved one's death. A representative of the family, or a friend chosen by the family, should be invited to be present at the post mortem, to establish confidence that due regard will be shown for the sacredness of the dead. Physicians should make special efforts for post mortems among the wealthy and influential classes, as that will set an example for the poorer classes to follow. Post mortems are not infrequent among the higher classes in large cities; they should not be and they need not be infrequent in smaller places. Let us have some reports of post mortems by our readers in small places (city physicians are accustomed to them). These reports will brace up the courage of the timid in our "family."—Ed.]

Dr. J. L. Kelly, of Stamps, Ark., treats venomous snake bites as follows: Usually the bitten limb has been corded above the bite. Scarify the wound so as to favor bleeding, then cauterize it. Lance one or more of the distended veins near the cord. Wash the wound in an alcoholic solution of permanganate of potash, five grains to the pint. Loosen the cord very gradually, or better, loosen it for a moment then tighten again, and so on until the cord can be removed entirely, the theory being to not allow the poisoned blood to enter the general circulation too suddenly.

Hay Fever.

Editor MEDICAL WORLD:—I have been a moderate sufferer from hay fever for many years. I regard the trouble strictly local—simply a hypersensitive condition of nerves supplying the lining of the nose. The most prompt and best relief I get is from the insufflation, or the spraying of nose lining, with a solution of atropine, or with equal parts of tr. belladonna and water. For convenience I usually drop about 15 drops of tinct. belladonna into the palm of my hand, then pour in an equal amount of water, then snuff this well up into nose, from palm of hand. In my case, this affords relief from sneezing and from weeping of nose within ten minutes. Or a solution of one grain of atropine sulphate to 8 ounces of water; use a teaspoonful for one application. It is easy to get a constitutional effect, if an over amount is used. Cocaine is efficacious when used in the same way.

Greenup, Ky. DR. M. S. LESLIE.

Calcium Sulphide.—Veratrum in Strychnia Poisoning and in Eclampsia.

Editor MEDICAL WORLD:—You frequently print communications from members of the WORLD family (and we are a happy and ambitious family) inquiring about the virtues of some agent upon which the writer has accidentally stumbled; and it is usually found that other members of the family have used those agents for many years. As instances of this kind in recent issues of THE WORLD, I will mention the inquiries concerning oil of cinnamon as a surgical dressing and a hemostatic; mistletoe as an oxytoxic; squaw root to produce painless labor, etc.

On page 294 of the July WORLD, Dr. Simmons asks about calcium sulphide and suggest a symposium on that subject.

Calcium sulphide is an old remedy and

Digitized by Google

has given excellent results in many skin diseases, the eruptive fevers, boils, carbuncles, diphtheria, pertussis, and especially in chronic malarial poisoning. I claim no originality in using this agent in chronic malaria. My attention was called to it in this manner: Among the many cases of this kind on the Black river bottoms, Ark., was one of a young man who had come from the North to work in the logging camps. He presented, after two years, all the objective and subjective symptoms of chronic ague; he was a walking skeleton. One day, an old colored woman said to him; "Honey, if you will go over in Jones' hollow and drink all you can outen that sulphur spring, you will get well." He went, he drank, he conquered. In three days he was completely covered with boils, but he kept on drinking and in a short time was cured of his ague, and he has never had an ague chill since. I took the hint, and used calcium sulphide in such cases with excellent success. This will be new to some and very ancient history to others. I have long since ceased to imagine that anything that I know can be new to the WORLD family.

On page 291 of the July WORLD, the use of veratrum viride as an antidote to strychnia, and especially its use hypodermatically, seems to be new to the brothers. As early as 1860 veratrum viride was used as almost a specific in puerperal convulsions, and soon after in strychnia poisoning, tetanus, etc., and as soon as the hypodermic syringe came into general use it was given in that way, often in 40-drop doses, without any bad results. Lobelia and gelsemium are close seconds to veratrum in such cases. In 1882-3, on several occasions I gave hypodermically 60 minims of the green root tr. of gelsemium (Merrell's) and the same amount of Norwood's tr. of veratrum viride without any bad results. The eclampsia at once ceased. I afterward used stimulants—glonoin and strychnia. Dr. Jennings asks: "Is there any case on record of a fatal result following the use of veratrum viride?" I answer, no; and I add that its use hypodermically is, as he says, an ideal remedy in the cases mentioned, though, if too large doses are used and great prostration follows, active stimulants must be used. In conclusion, let me add that it makes no difference who used these agents first. The experimental knowledge gained is common property, and should be known by all. The ideal way to accomplish the best results in this direction is to read and write to THE MEDICAL WORLD.

San Rafael, Cal. F. A. REW, M.D.

Sulphide of Calcium.

Editor MEDICAL WORLD:—Among the great variety of articles in your valuable MEDICAL WORLD, I read with interest Dr. Simmons' article on sulphide of calcium. He calls upon others for witness to its usefulness. I have used the following prescription for some years with very satisfactory results in cases of eruptions on the body and all manner of breaking out tending to inflammation and suppuration of the parts.

℞ Sulphide calcium . . gr. ss
Rochell salts
Epsom salts āā . . gr. x to xv
Water . . . . dr. ii
M. Give three times a day after meals. To children give half the quantity.

If the dose physics, give less. Dr. Simmons, try it. I. C. HARING, M. D.

West Nyack, N. Y.

Viburnum vs. Ergot.

Editor MEDICAL WORLD:—July 10th, 1897, a prescription was sent to my store for fl. ext. ergot, oz. j, for Mrs. H., on a visit here from a distant town in this state. On the 12th I was called to see Mrs. H. Found her in bed, suffering considerable pain. After an introduction she stated that she was 20 years old, had been married about three months, and feared it was a miscarriage; that her sickness had been on her for several days; that she had been passing a great many clots. I found her a fine looking, intelligent, and cultured lady. She had been taking 30 drops of the ergot, she said, ever since she got it, and had been growing worse all the time. I left her a vial of my saturated tinct. of viburnum prunifolium, which I always carry in my medicine case, with instructions to take a coffee-spoonful every four hours, and if not relieved promptly, to take every two hours. This was about 8

Digitized by Google

o'clock a. m. Told her I would call late in the afternoon.

About 6 p. m., found her in a comfortable condition; in fact she told me she had felt all right from the time she took the first dose, and asked me if she could get up and dress. I told her she might sit up a little if she found it restful, but to keep her bed for a few days, and she would be all right. "Why," she said, "I feel like I might be up now." I told her she might feel that way in bed, but she would realize how weak she was if she undertook to get around. I left instruction that if she didn't get along all right, to send for me.

I have not seen her since, but learned that she undertook to get up and dress the next day, and fainted; but is now up and all right.

Later: Just as I was writing the above, she called and settled her bill, telling me she is all right. I give the above case to try to convince the profession of the superiority of viburnum over ergot. The viburnum does all that ergot does, and a great deal more, and better and more promptly. I have written and published several articles on this remedy, but it seems they have not been read generally—not heeded at least.

Prescott, Ark. R. L. HINTON, M. D.

Anent Collections and Hard Times for the Doctor.

Editor MEDICAL WORLD:—To repeat questions as given in August WORLD, and answer same categorically is the aim of this paper. My answers will be as terse as clearness will admit.

1. How are your collections now?

Very poor indeed; somewhat less than one-half of fees actually earned.

2. How do they compare with last year? With 1895? With 1894? With 1893? With 1892? etc.

Compared with 1896 they show a slight improvement, due to two causes, viz:

a. This country has this year produced marvellously. Prices range very low, but still the sales turn some money free among the people. I cannot desist, however, from remarking that much of it is going eastward to pay interest on old debts, and for machinery necessary to care for these magnificent crops.

b. Improved methods of collecting, by which delinquents are personally called upon once a month. In short, reducing the business side of medical practice to a business basis.

In general, collections have been progressively growing poorer since my advent into the profession ('89). I lived almost as well then (relatively better) on a small practice than I do now on a comparatively large one. In '89, according to my books, I collected about 80 per cent.; now as mentioned before somewhat less than 50 per cent.

3. When were they the best in your professional history?

This question is sufficiently answered above.

4. When were the the worst?

Between the years '93 to '95.

5. To what cause do you attribute poor collections, and what remedy or remedies would you suggest?

As a profession, we are dependent entirely for our support upon the working class—the producers. The workers are they who pay all bills, including doctor's bills. Some few fortunate physicians may have a clientele among the wealthy and so-called, or rather miscalled, aristocratic. But it is plain that this number must of necessity be limited. Yet even this fortunate few will eventually suffer with their less fortunate brothers. They will be the last ten-pins in the row to fall, but the impact of the blow delivered at the bottom is only too sure to reach and over-turn them.

To any *physician* whose professional rounds lie among the workers in this industrial hive, the reason ought to be apparent—at least in so far as the mere seeing of their impoverishment is concerned. Last year in Oklahoma wheat sold for 30 to 35 cents per bushel, with everything else produceable here proportionately low, except money, transportation and hired help (official salaries).

Working upon the individual basis, i. e., the competitive system, wheat cannot be produced for 30c. per bushel. Property or the products of labor, including that of the physician wage-earner, are low in price (not value) because a great disproportion exists between the aggregate of these products and their representative, money; and also because even what money there is is controlled largely

Digitized by Google

by a privileged few, who make money yet scarcer here or there as the dictates of avarice may suggest. Nothing in the domain of economics is truer than this: who-so controls the money volume and circulation of a nation rules that nation. That is the real power behind potentates, be they kings or presidents.

When the greatest need for money in a given locality exists, in order to move or make available the products of labor (in this country such products are largely crops), then it is that it is made yet scarcer, and consequently dearer, in that locality.

Another factor which goes to make up the aggregate of hard times for doctors, as well as other producers, is extortionate railroad charges for transportation. The only restraint so far exercised over them by our too "paternal" government is "all the tariff the traffic will bear." That is the law of greed. There are many *apparent* causes for the impoverishment of the producing classes, among which we must number the physician, but to my mind the parent of the whole hellish brood is the competitive, each for himself (in a civilized community an absurd impossibility) system. And the cure: socialize, or if it suits you better, nationalize all public business; that is to say, all business which concerns the whole people, including the production and distribution of money, which latter function our government has of late farmed out to the highest bidder.

I am not one of those who believes it is possible to turn the course of civilization backward. The days or era during which the competitive system could thrive and wax strong are gone. In human advancement it has fulfilled its function, and like unto any other *dead* thing, it must pass away and be buried out of sight. Out of the smoke and ashes of its funeral pyre will rise new fledged and phœnix-like the newer and better co-operative system. We are being forced along the right course by our very oppressors.

But, Mr. Editor, why pursue this line of thought further when you yourself have so well demonstrated all that the writer contends for in "Our Monthly Talk." Look at it and you will see your questions best answered there. You are fighting humanity's, civilization's battles right manfully there. We of the South and West are with you.

6. Have you made business-like efforts to collect your bills? Yes. If so what is your method?

I place my accounts in the hands of a collector, who gets the usual per cent. for collecting, and who personally presents them about the first of each month regularly. I have not the time to present them myself; moreover it does not violate the professional relation of physician to patient so much to have some one else present them. I have collected accounts in this way, the owers of which would nonchalantly receive each month a mailed statement and—go about their business as unconcerned as though an unpaid doctor's bill should be looked upon as a matter-of-course. On the average the cost is no greater; the *returns* are. Some few get mad at your persistence, but if you are successful in collecting the bill, you will be called upon again, and with a better understanding between you.

7. Can you live as well now as formerly? and can you as well afford to give your sons and daughters a superior education? If not, why not?

Speaking in a general way, I can, simply because I am doing so much more work now than then; while collections relatively are less, absolutely they constitute a greater sum. When considered relatively to the amount of work done for the pay received, I cannot. Relatively my income is decreasing. A. L. BLESH, M.D.

Guthrie, O. T.

[Economically speaking, trusts and monopolies are on the right track. They are co-operative, each within its own circle. Each in its own domain has passed the competitive stage, and advanced to a higher stage of development, the co-operative stage. The trouble is that the benefits are confined to a chosen few within the circle. The people at large are left out in the cold. The trust produces economically by killing competition within its realm, and sells at a high price to the people at large. The many ways in which they control all the markets and keep down outside competition is a long story, a

Digitized by Google

sad story, an indignation-arousing story, and cannot be entered upon here. But their economic basis is correct; and the only final remedy is a larger trust in which all the people will be included. When telegraphs exist for the service of all the the people and not for profit for a few, we will be near our friends, though far away. When railroads exist for the service of all the people instead of "for all the traffic will bear" in the interest of a few, coal miners in Pennsylvania will not be starving while farmers in Nebraska are burning their corn to keep from freezing. —Ed.]

Editor MEDICAL WORLD :--Your questions in August number on collections, caused these few lines. The physicians of Portsmouth surely have not had the best of success with their collections for the past few years, or the unanimous response for organization would not have been so prompt as it was. Some time in Sept., 1896, the Hemstead Academy of Medicine here appointed a committee of three to see all doctors of our city regarding the organization of an association to insure better collections and protection from dead beats. Our city has been overrun of late with the influx of new material in the medical line, more than fifteen new physicians locating here in the past three or four years. We now have 35 doctors to 18,000 souls. This large number of new M. D.s has made it very easy for patients who are in the least lax in meeting obligations to obtain good medical services the year around without cost. With this class it was a common occurrence to discharge the old and obtain a new doctor whenever money was spoken of. This state of affairs led to the appointing of this committee, and likewise to the unanimous response for organization by the physicians. So Sept. 25, '96, The Association of Portsmouth Physicians was organized. We at first thought to obtain our object, besides having a delinquent list, it would be beneficial to have a common collector, one who would without favor collect for all the physicians. He was to be paid a stated sum per month and a certain per cent. of all collections made. For reasons not necessary to mention here, the common collector soon proved a dismal failure; and after a trial of nine months, another committee was appointed to see personally all physicians of our city and obtain their views. At our next meeting, while it was unanimously agreed to dispense with a common collector, it was as unanimously agreed to continue our Association and the delinquent list. The inclosed circular letter, which explains itself, was then sent to every M. D. of our city, and the good work goes on. That is what the physicians of Portsmouth are doing to make their collections better. While the cry of hard times has helped to make collections bad the past two years, I personally think the great influx of new physicians in our city, and all anxious for patients, has made collections here more difficult. When we educate each other who these delinquents and run-arounds are, we hope to do less work for nothing.

H. H. BLANKEMEYER, M.D.

Portsmouth, O.

[Any who may be thinking of forming similar organizations should write to the above for further details and printed matter. We give below two articles from their by-laws.—ED.]

ARTICLE VIII.

Delinquents.

1. It shall be the duty of each member of this Association to report to the Treasurer, from time to time, the names of all persons who are owing him and who after repeated statements of their accounts, have neglected or refused to make any satisfactory adjustment of the same.

2. Such names when reported shall be arranged in alphabetical order by the Treasurer, copies made and furnished to each member of the Association for subsequent reference.

3. When any person who has been reported delinquent as provided above shall have paid his account or made satisfactory adjustment of the same, his name shall be stricken from the list of delinquents and each member of the Association so notified.

ARTICLE IX.

Rendering Accounts.

1. This Association recommends and

Digitized by Google

approves the rendering of accounts the first of the month next succeeding the discharge of a patient, so far as practicable.

2. Obstetrics—Since all patrons have ample time in which to prepare for the payment of obstetrics, accounts for such service should be presented at once and cash payment demanded.

3. Pauper Practice, etc.—No member of this Association shall enter into competitive bidding for the pauper practice of any township or institution or agree to do contract practice for a stated sum per month or year, for families or insurance companies, without the consent of this Association.

A Comparison of Collections.

Editor MEDICAL WORLD:—I will be one to "speak out in meetin'" in response to request in August WORLD as to collections for this and several preceding years. It is a timely subject, and I hope it will be liberally discussed from the various states.

Query 1. How are your collections now?

Ans. 1. Decidedly above the average, as will appear later on.

Q. 2. How do they compare with last year? with '95, '94, '93, '92, etc.

Ans. 2. Taking the last decade of years as a sample, and placing the highest collection for any half year during that time at 100, the following table expresses the per cent. of collections respectively, leaving out the fractions:

Per cent. of collections to July 1st.

YEARS.	PER CENT.
1888	69
1889	78
1890	55
1891	87
1892	100
1893	76
1894	52
1895	76
1896	69
1897	78

Q. 3. When were they the best in your professional history?

Ans. 3. In 1892.

Q. 4. When were they the worst?

Ans. 4. In 1894.

Q. 5. To what cause or causes do you attribute poor collections, and what remedy or remedies would you suggest?

Ans. 5. Barring National financial crisis, as in 1894, I would say, failure to apply those simple rules of business necessary to success in any line of business.

Remedy, establish a reputation for presenting bills at stated intervals, and then insist on settlement, either by money, note, or something that can be made available in their place. We are too much afraid of giving offence or losing patronage. In fact it doesn't work in that way. It is a very poor doctor the perpetuation of whose business depends upon such loose unbusiness-like methods.

Q. 6. Have you made business-like efforts to collect your bills? If so, what is your method?

Ans. 6. I have, and I am glad to say I have succeeded in collecting from 75% to 86% of my charges ever since I have been in the practice of medicine.

My method? I have dealt fairly and openly with the people. I put myself to some trouble very early in my career to let the people know that I was devoting all my talent, time and energy to promote their health, to assuage their sufferings, to prolong their lives when that might be done; and when death was inevitable, to smooth the rugged road down to the grave. Further, that my income, necessary to support myself and family and educate my children, was entirely dependent on my profession; and as a return for that life service I reasonably expected, and proposed to exact, a reasonable compensation. At stated intervals, regulated by the times at which the people received money, I presented my bills; in person if convenient, and if not, I mailed them. If a response was not forthcoming within something like a reasonable time, I sent my collector, employed on a liberal per cent. of his collections, not necessarily to distrain property and in no case to distress the indigent and unfortunate, but to insist upon the matter being adjusted in some equitable, and if possible, satisfactory way. The method has evidently not been objectionable among my patrons, for I have practiced medicine at this place during my whole

professional career, thirty-seven years, and the demand for my services is greater now than ever before. I refer to this not in a spirit of boastfulness, but only incidentally to emphasize the point now under consideration.

The masses of the people expect to pay the doctor, and think none the less of him for presenting his claims. I believe there is no truth in the old assumption that the doctor's bill is the last one to be paid. If it is true in a given case, it is usually the fault of the doctor in not give the matter business-like attention.

Thirty-seven years' observation justifies me in the conclusion that the mass of the people do not object to paying reasonable fees to members of the medical profession; and to the further conclusion that if the doctor doesn't collect his fees within a reasonable time, it is owing to a negligence on his part in presenting his claims, before the nature and extent of his services have become obscure in the memory of the patrons.

Q. 7. Can you live as well now as formerly? And can you as well afford to give your sons and daughters a superior education? If not, why not?

Ans 7. Yes, I can and do live better now than ever before, and so do the masses of the people in this community. That is, we indulge in more luxuries or unneccesary expenditures than at any former time. If a good many of them are in debt and find it difficult to pay out, it is because they allow this spirit of indulgence in unnecessary expenditures to wreck their prosperity. They fail to adjust expenditures to income. They spend their money before it is made. Some few are the victims of the folly of having saddled on themselves a heavy debt fifteen or twenty years ago. These are truly unfortunate, more so perhaps at this time than at any former time.

Owing to the cheapness of all supplies now, the doctor, whose fees have not been proportionately reduced, can afford indulgences that formerly could not be reached, and still have money to invest, if this steamship, railway and electrical age had not saddled on him a large horde of imaginary wants, which have no end, and are still increasing and multiplying at a break-neck speed.

The doctor is compelled to keep in the swim in his community or be dropped behind the procession. But those farmers in my community, who are better able to abridge their indulgences, are prospering and laying up money.

The doctor who is alive to his professional duties, who will manage his affairs with anything like good judgment, and who will apply the correct rules of business to his private affairs, is in a condition to live better and to better educate his children than at any former period. But if he is negligent of his personal interests, and allows things to slosh along hap-hazard, how can he, more than another of any other vocation, expect to prosper? Verily, there shall always be weeping, wailing and gnashing of teeth with all such slipshod financiers. That has always been the case, is now and always will be, in the very nature of things.

D. G. SIMMONS, M.D.
Adairville, Ky.

Editor MEDICAL WORLD:—I take pleasure in sending the following answers to your questions in August WORLD.

1st. Very bad.

2d. They were fairly good in '92, but have been growing rapidly worse since that time. The people are economizing in their patronage, also, and do not employ the doctor only in the most urgent cases.

3d. In 1887.

4th. In 1897.

5th. I attribute it to the decline of all kind of produce in price. When the farmer pays his running expenses he has nothing left for the doctor. This was clearly shown last fall; the majority of the tenants failed to pay their rents, although they raised good crops—as good as were ever harvested. The honest toiler has not the means to pay with, and perseverence and toil avails but little.

6th. I have.

7th. I can not, although I use the most rigid economy.

I can see no way out of this great financial depression unless the people

Digitized by Google

can be aroused to a sense of patriotic duty and determine that the money sharks can no longer run this government. This will take place when the money of the constitution will have been restored. The free unlimited coinage of silver and gold at the ratio of 16 to 1 is what the American people need, and "by the eternal" they *will* have it.

My life and my energies will be devoted to the cause of bimetalism regardless of any party politics. I will work for the good of bleeding humanity, even tho many who need it most will be my bitterest opponents.

J. OWEN ROBINSON, M. D.
Bridgeport, Ky.

Editor MEDICAL WORLD:—In the August WORLD you ask the profession to discuss the question of their collections. This, I think, is a splendid move; it ought to be thoroly ventilated.

I do not suppose there is a worse collector on the face of the earth than the average doctor. Nearly every one you speak to on the subject will tell you that he thinks he is doing well if he collects one-half of what he books. Why is this? Simply, in my opinion, because he does not go about it in a business-like manner.

If one or two of the brethren from each state would give each his own method, we would soon arrive at some practical results, so here goes for my method.

My books consist of a day book and ledger, which are balanced the last of every month, and a printed statement filled in for every debtor. These statements are taken out by my collector on the first of each month. I send them out every month without fail. At first there was some "kicking." It was always from the women. I would answer them something like this: "Madam, when you are sick you expect prompt and assiduous attention from me until you are well, and you ought to try and pay as promptly." Then again: "Do you see any reason why a doctor should not conduct his affairs in a business-like manner?"

Now as to results:—I have been practising in my present location about 4 years, nearly all of which time I have been using the above method. It is very seldom I have to record a "kick" now. My patients all know that their accounts will be presented on the first of the month, and are usually prepared. My practice has increased year by year, and so have my collections, which have averaged as follows:

1893 . . 60 per cent. (first year here) (7 mos.);
1894 . . 85 per cent.; 1895 . . 75 per cent.;
1896 . . 90 per cent.; 1897 to date 75 per cent.

I think these will compare favorably with physicians' collections generally. In 1896 I had a good deal of work done on my place "on account," which caused the average to go up so high, a good deal of which I would not have gotten otherwise.

The result of my experience leads me to advise each medical man to have some *system* and *stick to it.* He will not regret it. WILLIAM F. JAMES, M.D.
San Antonio, Texas.

Editor MEDICAL WORLD:—Your request for an answer to seven queries in the leading editorial of the August MEDICAL WORLD merits a frank, unvarnished, fearless reply from all those able to give it. My replies follow seriatim:

1. My collections in more than 16 years of practice were never as bad as they are now.

2. My collections are worse this year than they were in 1895, 1894, 1893 and 1892. No, my receipts are no less; they are less in proportion to the amount of work done. I have made no collections whatever from many sources that always paid promptly before July, 1893.

3. My collections within later years were by all means best in 1892 and the first half of 1893.

4. My collections were never worse than they are now. They suddenly fell off 50 per cent. in July, 1893, and have been slow ever since.

6. a.—(Causes). I attribute the sudden fall in business activity and collections in July, 1893, to the artificial panic that was unquestionably produced to justify the calling of a special session of Congress with the ostensible intention of remedying the resulting business depression by a cessation of silver purchase by the government, but with the real object of thereby forcing down prices, impoverishing the

farmer, tying the hands of urban labor, and so compelling our great population to work harder than ever in the discharge of our large indebtedness, national, state, municipal, corporate and private.

b.—(Remedy). Inasmuch as all evils are best corrected by the removal of their causes, the remedy seems clear, but a change in our finances is unquestionably inadequate to give much relief except for a very brief time. I would suggest the re-establishment of free silver coinage at the present legal ratio of 16 to 1, or the alternative proposition (which is really the better one) of also stopping the free coinage of gold, and the issue of legal tender, non-interest bearing, treasury notes according to an elastic system that I have elsewhere more fully outlined, and which guards against unfair discrimination against either the borrower or lender on time contracts; something which even a tariff never does.

6. Yes, I have always uniformly made business-like efforts to collect my bills. I send out monthly statements and expect pay. If pay does not come further credit is refused, unless I know it is merited. Quarterly and semi-annual statements are only rendered to good and sure-pay patients who may prefer and ask it.

7. No, I cannot live as well now as I formerly could, nor can I do as well by my children now as I could have done, all other things being equal, before July, 1893.

I may also add that the government should own and operate at cost, as it does the post-office and other departments, the railroads, ferryboats and telegraph. Municipalities should take charge of the surface railroads and local express business. The national government should also assume all the coal lands, so that our people might buy their fuel at a reasonably low figure, and so that those who dig it would get living wages. We are, in my judgment, nearing the time when the people would vote in favor of the government absorbing the sugar and the beef trusts. To those who still object to these proposals, either because of their untimeliness or impracticability, I have only to add that their very objection is the surest evidence of their ignorance of these great questions, which are now urgently pressing forward for final settlement, not only by our own people, but by those of the entire civilized world.

The remedy, in a few words, is government absorption of all monopolies, among those now most ready for this process being: *a.* finance and banking; *b.* transportation; *c.* communication by wire; *d.* sugar; *e.* beef; *f.* whiskey, etc.; *g.* tobacco; *h.* the Standard Oil interests; *i.* the coal mines and lands; *j.* surface railways; *k.* local express; and many others, such as shoemaking and the textile industries, which competition has not yet as firmly welded into evident monopolies as it has the others.

In conclusion, let me say to such of your readers as have a phobia for third parties, that I plead guilty to being a Republican, but aim to be a patriotic citizen withal.

Philadelphia, Pa. A. H. P. LEUF.

Editor MEDICAL WORLD:—Although not accustomed to "speaking out in meeting," I will respond to your call and give a little of my experience in collecting here on the Sunny Slopes of the Ozarks, the famous land of Bald Knobbers, big red apples and little red chiggers, tenacious ticks and ore laden hills, fifty miles from a railroad, telegraph line or other tracks of civilization; bordering on Arkansaw and wrongly supposed by some to be the jumping-off place.

Collections are made here principally in the fall, there being but very little money in circulation at other times of the year except what is handled by the merchant, pensioner and stock dealer. Cash collections through the country depend principally on the cotton crop. If this crop is good, we doctors may collect our bills in cash if there is anything left after the mortgage held by the general merchant is paid off. If the cotton crop should fail, we must be content with the produce, viz., corn in the shuck, Irish potatoes, molasses, and a few sides of the mast-fed bacon—if the cholera has spared any hogs.

My collections, cash and produce, for the present year have been about twenty per cent. of the whole amount of practice done. As this country becomes more thickly settled by immigration from the

North and East, collections gradually improve.

Poor collections are due to scarcity of money, aggravated by a poor crop. As a remedy I would suggest that some of our Eastern brethern send us a generous slice of the promised prosperity of which we have heard so much during the last eight months.

I make business-like efforts to collect my accounts; send statements, and when these fail, place the account in the hands of the constable, instructing him to receive produce as enumerated above if the cash is not forthcoming.

I can live as well now as at any previous period in my practice, and I hope by the time my four-year-old daughter aud six-mouths-old son are of the proper age, to give them a thorough education.

We doctors here in the back-woods have become accustomed to living on very little money, and so the "hard times" did not affect us so much as our brethern in more advanced countries who are used to plenty.

I have been a subscriber to THE WORLD for the last seven years and it has always been a welcome visitor to my table.

OZARKER.

[If you think the above was received scribbled on brown paper with a lead pencil, you are greatly mistaken. It was received beautifully type-written on a rich and heavy sheet of immaculate linen paper. It is the handsomest piece of "copy" that we have received for a long time, if it did come fifty miles from a railroad; and the editorial pencil touched it almost not at all—put in one comma. If all "copy" was like this, the Editor's work would be reduced three-fourths.—Ed.]

Editor MEDICAL WORLD:—You ask, "How are your collections?" Have had more trouble the last twelve months than at any time in thirty years. Every year during the past ten they have been getting harder. For ten years after the war we had no trouble.

The causes of bad collections now are many. Too much base ball. Too many bicycles, buggies, gold watches and shot guns. In fact, people are living entirely beyond their incomes. My rule is, in 60 days to present account and keep it up until paid.

To the last question I would answer, No. We have five physicians in the county now to one 30 years ago. During the past four years people who employed a physician on every pretext now try every way to keep the physician out the house as long as possible. In our county a horse that eight years ago sold for $200. now sells for $35. to $50. Too many idlers that won't work all help to depress the pay of the doctor.

VIRGINIA.

Editor MEDICAL WORLD:—In regard to my collections, for the past six years at this place, I must say they are fully one-third harder. I live on White River where hard times ought never come, but money is hard for the farmers to get, and labor is scarce. I enjoy a large practice and prices to the physician are good, but collections are bad, and growing worse each year. I do not see any way for the better only to get the double standard for our money. C. L. WILSON.

Ewing, Ind.

Editor MEDICAL WORLD:—In answer to your suggestion, I will try to answer your seven questions.

1st. Not very good at present.

2d. Some better than last year. Not so much off from 1894 and 1895. 1893 and 1892 were very fair years for collecting.

3d. In the years 1888 and 1889 and 1890.

4th. In the years 1895 and 1896.

5th. Low prices for farm products and poorly paid labor.

6th. I have; by annual settlements, either by cash or notes; and offering to take any kind of farm produce in exchange for paper.

7th. To both propositions I would answer no. And as a reason would say, money is too close.

The latter clause of question 5 I did not answer, as I wish to conclude with a general remedy for all. I would say in reply, that a general tariff law that will infuse new life and confidence into our manufacturers, and give employment to all of our idle men, will insure good wages and give us an impetus in the right direc-

tion, and cause every city and hamlet to rejoice. This is only my opinion.

E. J. YAGER, M. D.

Graysville, Ind.

Editor MEDICAL WORLD:—In answer to your questions, I would say that my collections are next to nothing at present. I employed a collector last winter, and he collected a few small bills and skipped with the proceeds. Since then I have been visiting my tardy patients in person and dunning them, with very little success. The middle class pay their bills, but the reason they give for not having the money is that they cannot get work; and if any are fortunate enough to have a situation, the salary is so small that they cannot live and properly clothe themselves. Others who depend on producing or manufacturing say that the prices of the commodities they sell do not pay a living profit, and so it goes. It has been getting worse since 1893. My best collections were from 1888 to 1892. Then collections were no trouble, as people would hunt me up to settle their bills. It is different now. I have to hunt them up to get a *promise*. What is the reason? It is plain enough to see that money is going up as its purchasing power is increasing, and other things, including labor, are coming down; and it will continue so under the present financial policy of this administration, which is a *pledged continuation of its predecessor*.

Also, our legislators are influenced by their own interests to pass laws favorable to trusts and monopolies, which, anybody can see, have the business men of medium or moderate means completely at their mercy. Please excuse the political turn my answer has taken, as I'm a woman, and therefore not a politician or a voter. In answer to the last ques ion, I will say that my children are just starting in the high school. I do not know what I can do for them after they get through there.

EMILY CAPRON WILLOUGHBY, M. D.

2112 Franklin avenue, Toledo, Ohio.

"How Are Your Collections?"

Editor MEDICAL WORLD:—I am located in a Lake port town of about 2500 population, the terminus of a railway, Central Ont., Canada. There is a good deal of financial depression, but I think not more than is general throughout the country. I have been in practice 18 years. Will try to answer your questions briefly.

1. Collections for the past year only about 40 per cent. of earnings.

2. About same as last year. About 25 per cent. less than average of my first 15 years' work.

3. First years of practice were best. Average for whole time 70 per cent.

4. Past two years are worst in my experience.

5. Scarcity of work and small wages for laborers. Depression of lumbering interests (local). Low prices for farm produce.

6. Render accounts every two or three months. Make personal demand occasionally, but not systematically. Don't employ a collector.

7. Can live as well as usual, but cannot save as much as in former years. Am earning about 20 per cent. more than average of first ten years.

I think an appeal for a report from the different states as to the average amount earned per year and the proportion collected would bring replies that would greatly interest your numerous readers. I have given the matter some thought and would put the figures for Ontario at $2000 booked and $1300 collected with average expenses for office, medicines, horse keep, etc., $200 to $300, leaving net income but little more than one thousand dollars per annum. Can you get us more definite information?

ONTARIO.

We regret very much not to be able to accommodate the many interesting replies to our questions under the heading of "How Are Your Collections," in August WORLD. We have selected the above as illustrating different views, and from different points of view. Others are in type, which will appear next month, and the manuscripts of others have been received, and are arriving every day. This discussion will be continued as long as it is interesting and profitable to our readers. Give your experience and views. But in the meantime, don't forget the autumnal fevers. Communications concerning them will take precedence of the collection business.

Don't put it off. Send your subscription to day.

Digitized by Google

Quiz Department.

Questions are solicited for this column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication) will not be noticed.

The great number of requests for private answers, for the information and benefit of the writer, makes it necessary for us to charge a fee for the time required. This fee will be from one to five dollars, according to the amount of research and writing required.

Quite a number of requests have been received lately for formulæ of patent medicines, and for a book containing a collection of such formulæ. Such a book will soon be published by a Chicago firm, and as soon as it appears we will announce it. We will also then be able to quote from its pages some of the formulæ asked for.

Editor MEDICAL WORLD:—Here is a patient some 80 years old. She complains of numbness all over. It affects her head and makes her blind at times. The legs feel heavy like lead. No pains, but a kind of aching. Not swollen, no change of color on the surface. When standing the head aches. When sitting, all is well again. What would be the treatment in her case.

San Diego, Cal. DR. H. SCHAFER.

[Perhaps the difficulty may be with the circulation. Do what you can for any deficiency or irregularity of the heart's action. Also the nerve functions may not be normal. General massage would doubtless be beneficial. Further than this, treat on general principles, and don't expect too much in a patient so old.—Ed.]

Eczema of the Foot.

Editor MEDICAL WORLD:—I have a patient who has been suffering with eczema of the foot about nine or ten months, which has baffled me in treatment. The patient is a lady, 23 years of age, has been married about four years, has never been pregnant and health fairly good. Occasionally the climacteric period is suppressed, and ten weeks marked the interval from one period to the other the last time. At this writing the flow has just about gotten well, but the eczema has made no improvement as yet. She is somewhat bothered with rheumatism at times. The urine is rather scanty, but of a normal color and specific gravity. I can't detect anything in her general health to cause the eczema. The eczema first appears with redness and swelling of surface, then small blisters filled with yellow fluid. The pain and itching are almost unbearable, and more severe in the evening than morning.

For local application I have used:

Tanic acid . .	gr. xx
Bismuth subnitrate .	dr. ij
Rose water . .	oz. vj

Apply twice or three times a day.

The above formula alleviated the pain and itching for a while, and then I prescribed:

Cod-liver oil.
Rose water *aa* . . dr. iss
M. Use as a lotion.

This was more beneficial than the first prescription.

Would be pleased to get a specific for this case, either from the Editor or some of the WORLD family. THE WORLD is a most welcome visitor, is full of good things, and I hope it will ever prosper.

W. T. MILSTEAD, M. D.

Kelly, Miss.

[Don't ask for a "specific" for this case. Such a thing is impossible. Ask for a successful mode of treatment. This will be found by searching for the cause of the difficulty. The rheumatic element in the case is suggestive; also the scanty urine. Give the patient a thoro and rather prolonged course of antirheumatic treatment, with abundant water to maintain a free flow of urine, and it is probable that the eczema and the irregularity of menstruation will disappear. Lithia and colchicum would better be your leading remedies. Report details of treatment and results.—Ed.]

Nose Bleed.

Editor MEDICAL WORLD:—H. S., age 16 years, apparently strong physically. At about eight years of age his nose commenced bleeding without leave or license and bled pretty regularly every two weeks for two years, when it became less regular and more annoying by oozing more constantly, except every two or three months it would have a free bleed, threatening the life of the patient. Then it ceases for a time. The patient, dur-

Digitized by Google

ing cessation, builds up rapidly, then enters another previously-described period. He suffers in no way at any time except from unrest during bleeding period, before which time his body is covered with purpuric spots. Will some one suggest a line of treatment for this patient?

W. THOMSON JONES, M. D.
Gumboro, Del.

Worm Coughed from the Lung.

Editor MEDICAL WORLD:—I to-day mail you a worm that was coughed up by Mr. M., age 47, who has been suffering from chronic bronchitis for two years. Mr. M. coughed almost an hour constantly before the worm was coughed up. He has improved very fast since. He thinks that it came from his right lung. It was completely wrapped in a very offensive and thick matter, and lived about two minutes after being put into pure alcohol. The question with me is, where did it come from and how did it get there?

Falkner, Miss. J. H. PEARCE.

[It is a short, thick worm, three-quarters of an inch in length, has a small black head and six legs on the under side of the body near the head, in two rows of three each. It is entirely unlike any parasitic worm we have ever seen, but quite similar to worms frequently seen under boards and in damp places. The doctor judiciously expressed doubt as to the worm coming from the patient, and suggested that he might have spit upon it, giving the appearance that it came up with the expectoration; but the patient declared that he felt it "tear loose," and his wife and father were positive that they saw him cough and spit the worm out. The prolonged spell of coughing and the rapid improvement afterward seem to corroborate their testimony. It is certainly an anomalous case. Could not a germ or egg have been breathed in, lodge in the lung, and develop there? This is not probable, but is it not possible?—Ed.]

Other quizes have been received which we wish to submit to eminent medical men now out of the city. They will appear in our next issue.

Current Medical Thought.

Woodbridge on Typhoid Fever.

Dr. J. E. Woodbridge, of Cleveland, O., the originator of the "Woodbridge treatment of typhoid fever," read a very interesting paper on typhoid fever at the recent meeting of the Amer. Med. Ass'n. It is published in full in the Journal of the Amer. Med. Ass'n., for July 10th. The doctor quotes from reports which he has received from physicians in all parts of the country, and he concludes as follows:

"Despite these encumbrances, the method of treatment has passed through the ordeal of its first years of trial by both its friends and its enemies, who have treated 7,827 cases with 150 deaths, or a death-rate of less than 2 per cent. and a duration of illness of a trifle over twelve days. Under its benign influence the severity of the disease is greatly ameliorated, the symptoms minified, all grave complications averted and dangerous sequelæ prevented. The tongue is quickly rendered moist, tympanites promptly relieved, excrements lose their offensive odor, delirum is rare and the 'typhoid state' unknown. The appetite soon returns and the patient expresses a desire to get up and eat solid food, which he may do if he has been properly treated from a sufficiently early stage so that ulceration of Peyer's glands has been prevented. Tedious convalescence is avoided, the patient generally passing rapidly from the fastigium of the disease to vigorous and robust health. These are results which have never before been obtained in hospital or private practice, in so large a number of cases, by so many physicians. They are results which were never before deemed possible. They have been obtained in most instances, without the use of the cold bath, medicinal antipyretics, or alcoholic stimulants, all of which are generally unnecessary. They prove by incontrovertible evidence that typhoid fever can be aborted. They teach that it is amenable to curative treatment in all of its stages and they go far toward proving that death or protracted illness are wholly unnecessary consequences of the disease."

Digitized by Google

One Hundred Cases of Typhoid Fever.

The above was the title of a paper read at the recent meeting of the Amer. Med. Ass'n, by Dr. H. G. McCormick, of Williamsport, Pa. These cases had been treated during the preceding year and a half with the death of only one case, and that was not seen until the fifteenth day, and died on the nineteenth day of perforation of the bowel. These cases were treated on a radically different plan from the usual plan given in the books, which the Doctor had previously followed.

He opened the bowels thoroly, producing from four to eight movements in each twenty-four hours, usually with calomel. As an intestinal antiseptic he ordered two drops of guaiacol in emulsion; occasionally this would irritate the stomach, in which event he substituted carbonate of guaiacol in two grain doses every two hours.

He says:

"Stimulants were rarely given. If the heart was weak I gave one-thirtieth grain of strychnia nitrate, every three hours, or oftener if demanded. When hemorrhage occurred, 15 minims of ergotole was given hypodermically, and the colon was washed out with an ice-water enema of normal salt solution. This cleaned out the colon, stimulated contraction of the bowel, carried off the clots of blood—a fruitful soil for propagating the poison—and rendered the parts as nearly aseptic as possible.

"If the prostration from the loss of blood was great, the patient was at once transfused with a normal salt solution, at a temperature of 107 degrees, to the amount of a quart. This quickly strengthened the heart's action, filled the blood vessels with a fluid which went to nourish the body, and the patient rapidly rallied. In one case transfusion was performed four times; in another three times, and in quite a number of cases once.

"In not a single case of hemorrhage was there any opium, or its alkaloid, morphia, given, and they all recovered without the use of acetate of lead.

"This may appear like wandering a good distance from the tenets as taught by our teachers, but there has never been a greater error promulgated than the teaching of the giving of opium in hemorrhage in typhoid fever, and a large number of the mounds in our cemeteries can be charged up to this false doctrine. What reason do they offer for such practice? Simply that it controls peristaltic action and renders the bowel for the time being, asleep. I grant all and more than they claim, but what is it doing when it is controlling this peristaltic action? It is also drying up the secretions from the whole alimentary canal, the food taken decomposes, forms a gas, tympanites follows, the bowel is put upon the stretch and hemorrhage of necessity is more likely to follow, the weakened bowel due to ulceration is more likely to be perforated, and you are adding to a mere complication one that will likely terminate in death.

"If the temperature is inclined to remain above 103.5 degrees. I apply guaiacol, the amount used varying as to the age and susceptibility of the patient, etc. I have now applied guaiacol locally for the reduction of temperature, 1066 times, and I have found it a prompt and efficient remedy. The dose should vary from 10 to 25 drops. There is an impression in the minds of many physicians that this is a very dangerous drug; it has not proven such in my cases. Care must be exercised in its use; this is not only true of guaiacol but it is true of all active medicines. That it will promptly reduce temperature can not longer be questioned, and that it does so without weakening the heart muscle, I have proven by many clinical cases, as shown in a previous article.

"The use of the coal-tar products for the reduction of temperature in typhoid fever is a very dangerous class of remedies and I believe they should be universally condemned. I have seen at least two deaths that could be traced to their use."

The whole question of the treatment of typhoid fever might be summed up as follows:

Keep the bowels thoroly open.

Keep the alimentary canal as aseptic as possible.

Give good nourishing food—that

Digitized by Google

which the patient will readily assimilate.

Give plenty of water both by the mouth and rectum.

Use the best intestinal antiseptic known.

Never give opium.

Never give phenacetin or acetanilid.

Give strychnia as indicated.

If this plan is followed you will rarely have a death from typhoid fever.

Punishment to Fit the Crime.

A bill has been introduced into the Michigan legislature by W. R. Edgar, providing for the castration of all inmates of the Michigan Home for the Feeble Minded and Epileptic before their discharge; also for that of all persons convicted of a felony for the third time, and of those convicted of rape.—Manitoba Lancet.

Directions for Vaginal Douche.

Dr. Byron Robinson, Chicago, gives the following directions for a vaginal douche:

1. Use a fountain syringe holding three gallons of water with a four foot head.

2. Begin with three quarts (for married women) of boiled water, at 103°.

3. Increase the heat one degree at each sitting, until it is as hot as it can be borne.

4. Increase the amount of the douche one pint each time, until three gallons are taken.

5. Use the douche in the morning and in the evening immediately before retiring.

6. The duration of a three gallon douche should be twenty-five minutes.

7. The patient should lie on the back with the thighs flexed on the abdomen and the legs flexed on the thighs.

8. The douche should be taken on a level plane, the ironing board serving a good purpose, and not in the bed, on the water-closet or in the bath-tub.

9. The douche should never be taken in the standing or sitting posture.

10. A handful of salt and a teaspoonful of alum may be added to every gallon, the salt to prevent reaction and the alum to astringe and check waste by secretion.

11. The vaginal tube used in giving the douche should be sterilized and every patient should have her own tube.

12. A vaginal douche given according to the above directions will prove to be of much therapeutic value in the treatment of pelvic disease, and an agent to prevent disease and a great comfort to the patient.

The Specific Action of Quinine in Malaria.

Dr. E. C. Register, editor of the Charlotte Medical Journal, read a paper with this title before the North Carolina Medical Society.

After many years of study, both clinical and microscopical, the Doctor arrives at the following conclusion in reference to the specific action of quinine in the continued forms of malarial fever. He says a malarial fever without complications will subside after the plasmodia of malaria disappears from the blood; that we have in quinine the means to completely eradicate malarial poison from the body; that malarial fever occurring in a previously healthy subject, and in the central United States; if at once recognized and properly treated, never ends in death; that it is speedily curable, never continues, provided the nature of the disease be recognized and appropriate treatment employed.

Dr. Register has made microscopical examinations of the blood of several hundred patients suffering with remittent malarial fever, and has studied closely and thoroly the crescentic and ring-shaped bodies which he says are the forms of the parasite which is responsible for the continued types of this fever, and he finds that the reason quinine does not always affect these irregular forms of the poison, is on account of the usual defects in its administration. He contends that the drug is very imperfectly absorbed when given by the stomach, and when the patient has a temperature of over 102 degrees. He says that in cases of continued malarial fever, if distinct and well marked intermissions of the fever are produced artificially by the use of antipyrine, antifebrine or phenacetine, the crescentic and ring-shaped bodies will disappear after the administration of quinine, as quickly as the spherical bodies that are found in an ordinary case of intermittent fever. In reference

Digitized by Google

to the belief that the forms of the parasite that inhabit the blood cells are not acted on by quinine, he says: "There is no doubt in my mind that this belief is not erroneous. Besides my own observations, I have been able to collect the opinions of thirty-two authors touching upon this point, and twenty-eight out of the thiry-two believe that the endo-globular or intra-corpuscular forms are not, on this account, the cause of an uncontrollable fever, and that its proximity to the blood cell does not, in any way, protect it from the action of quinine."—St. Louis Medical Era.

Rates of Mortality in 1896 in Thirty-two Large Cities.

From the last registrar-general's report (London) and from other official sources the following death rates for 1896 have been compiled. The cities are listed in the order of their reported low rates of mortality: Frankfort-on-Main, 15.6; La Hague, 16.3; Stockholm, 16.8; Copenhagen, 16.8; Edinburg, 16.9; Cincinnati, 16.9; Genoa, 17; St. Louis, 17.3; Amsterdam, 17.4; Hamburg, 17.5; Berlin, 17.9; Brussels, 18.2; London, 18.6, Rotterdam, 18.6; Nice, 18.6; Paris, 19; Rome, 19.1; Turin, 19; Philadelphia, 19.8; Dresden, 19.9; Brooklyn, 20; Glasgow, 20.4; New York, 21.4; Vienna, 22.3; Boston, 22.5; Munich, 23.2; Venice 25; Breslau, 25.1; Buda-Pest, 25.4; St. Petersburg, 30.9; Calcutta, 33; Bombay, 41.5; Alexandria, 42.4; Cairo, 55.2.—Jour. Amer. Med. Ass'n.

Arsenious Acid Again Brought Out as a Cancer Cure.

The *Semaine Med.* of May 1 contains photographs of three persons radically cured of cancer of the nose, one a woman of 84, with views of microscopic sections of the neoplasms, showing their character. The only treatment was painting the surface with a solution of arsenious acid 1 gram, to 75 grams each of ethyl alcohol and aq. dest. (reducing this amount to 40 grams each, as the eschar grows thicker). A little fresh blood is drawn to the surface, which is then painted with the solution, and left exposed to the air if possible. An extensive cancer requires daily painting for two to three months before the cure is complete. Cerny and Trunecek conclude their report with the statement that they have not succeeded in curing carcinoma of the mamma with this treatment, but that all surface cancers are relieved and rendered almost entirely odorless with it. It is perfectly harmless, as has been shown by cases of cancer in the buccal cavity treated for months without any evidences of arsenic intoxication, and it is indicated in every cancer of the skin without ganglionic indurations.—Jour. Amer. Med. Ass'n.

The *X-ray apparatus* at the Jefferson cost $400, and is perfect in every respect. Prof. Coplin is the manipulator, and takes great pleasure in examining interesting cases.

Our Monthly Talk.

The following statements are made by P. Allsop, of Auckland, New Zealand, a new arrival in Colorado in search of health. (From the Topeka Journal):

"The problem of providing for the unemployed in New Zealand is about solved. In fact, the unemployed are very, very few. The same may be said of the tramp question. Tramps are becoming very scarce there now, though six years ago they were as numerous as they are in the United States. The few remaining are the incorrigible cases. When they die off the tramp will be known no more in New Zealand.

"These are but two of a great many remarkable changes wrought in the country in a few years. All has been wrought by the socialistic policy. The country is pretty far advanced in socialism. The experiments have been so entirely satisfactory that when the government went to the country with a much more advanced socialistic policy last December it was indorsed by an enormous majority.

"The common people of New Zealand are far in advance of the same class in this country for the reason that the eight hour system has been rigorously observed, which has provided time for reading and thought.

"Strikes have been done away with by the substitution of boards of conciliation and arbitration. The law makes it obligatory in all disputes between employers and employees that the subject of dispute shall be submitted to the board of conciliation. This board is composed of five men; two chosen by the employees, two chosen by the employers, while a judge of the supreme court makes the fifth. If either party is dissatisfied with the decision an appeal may be taken to the board of arbitration, which consists of three members;

one chosen by the workingmen, one chosen by the employer and the third again a judge of the supreme court. The decision of the board of arbitration is final. It must be obeyed. Heavy penalties are provided for violation, and the penalties are enforced, too. The defeated party in an appeal must pay the costs. The boards are to all intents and purposes courts of law. They have power to summon witnesses and to punish for contempt. The moral effect of these boards has been most wholesome. Disputes between employers and employees have been reduced to a minimum. The weaker party will yield rather than risk the payment of costs unless he has a good cause. But the workingmen in particular are delighted with the system.

"New Zealand is now very prosperous compared to what it was a few years ago. This prosperity is attributed to the land tax and land policy of the government. This is not a single tax, but approaches it in principle. The land tax is not a tax on land, but a tax on land values. It ranges from a penny to the pound to three-pence to the pound, with an extra penny added for absentees. The effect of this has been to reduce alien ownership. European landlords soon get tired of paying the heavy tax. They very soon become more than willing to sell out in small parcels and at low figures. This has precisely the effect intended—it gives actual settlers an opportunity to obtain homes at reasonable figures. Large estates are rapidly breaking up. In a few years they will cease to exist. I should say in this connection that actual settlers are permitted to have land to the value of $2,500 exempt from taxation. Besides this we have the graduated income tax. All incomes under $1,500 are exempt; from $1,500 to $5,000 the tax is 2½ per cent.; all over $5,000 pays 5 per cent. tax. All corporations and absentees pay the full 5 per cent. without exemption. These two taxes take the place of the old property tax, which has been abolished.

"The government obtains large tracts of land which it leases to actual settlers for 999 years. If the settler is deserving, and he cannot lease the land if he is not, the government will lend him the material to the value of $100 to build a house; then it will allow him a certain sum per acre for clearing the land; it will also provide him not more than three days of eight hours each per week with work on roads or other public improvements, so that he may support himself and family until he can raise crops. The government is re-imbursed for all this by the increase in land values due to increased population, on which it collects a tax, as I have already said.

"The government borrows money in Europe in large sums which it lends to the farmers. The government pays 3 per cent. interest and charges the farmer 5 per cent. As a matter of fact, the farmer pays 6 per cent. per annum, 1 per cent. of which goes into a sinking fund to cancel the principal. After paying 6 per cent. per year for 73 years, the debt is extinguished. This plan has been an entire success as far as it has been tried. Interest rates were formerly very high.

"The government owns the telegraph, the telephones and the railroads in New Zealand. One interesting feature of the government ownership of railways is that in the country districts where the settlers are some distance from schools the railways carry the children to and from school free of charge. It is interesting to note that the railroads are beginning to pay well since they come under government control, although they were unprofitable under private ownership. The government also manages the parcels delivery, or express business, as it is called in America.

"Another very popular feature in New Zealand is the post banks. They have proved immensely popular—so popular that it has been found necessary to fix a limit upon the amount which may be deposited in a postal bank; otherwise they would crowd the private banks out of existence. The limit is $2,500.

"Women vote in New Zealand. We have very advanced laws on the subject of temperance. We have local option with the provision that the question must be submitted to the referendum every three years. The sale of liquor can only be prohibited by a three-fifths vote; on the other hand, even a single additional license cannot be granted without a three-fifths vote. But a reduction in the number of saloons can be made by a bare majority, although the number of saloons cannot be reduced more than 25 per cent.

"The government has also established a life insurance, which has been so popular that the government now does more insurance business than all the private companies combined.

"There are also two or three government farms for the unemployed; but, as I have already said, the unemployed are getting pretty scarce now. These farms are merely experiments.

"The factory laws are far ahead of those in this country, and they are enforced. It is obligatory upon employers to provide dining rooms apart from the work rooms for their employes. E;ght hours and no more constitute a day's work. No child under 15 years of age is permitted to work in a factory. The laws apply on the farm. In the city, stores must be closed on Sundays and also half a day during the week. And these half-holidays must be paid for. All these laws are rigidly enforced.

"Government works on an enormous scale have been undertaken on the co-operative plan. That is, the contractor is eliminated entirely. The government deals directly with the men who do the work. And they find it a very easy matter to get along without the contractor.

"To sum it all up, every one in New Zealand is very much pleased with the new departures. Further advances will no doubt con-

Digitized by Google

stantly be made in the direction of state socialism."

Facts are better than theory, when we can get them, because they either prove or disprove theory. For this reason I present the above rather long, but exceedingly interesting and suggestive, quotation.

Perhaps I should better say to the timid minds among our readers, don't be afraid of the word socialism in the above. We are all socialists, either consciously or unconsciously. The only person in my knowledge who is not a socialists is the mythical "wild man of Borneo." He is supposed to live on nuts, etc., without the remotest idea of the advantages of co-operation, or of social law and order. All the rest of us are socialists, in so far as we believe in and receive the advantages of civilized life. True, the socialist motto: "From each according to his ability; to each according to his needs," is not extensively taken as a guide as yet, but we are working rapidly in that direction. Particularly is this true in regard to the classes in greatest need, as witness our vast and growing public institutions for the deaf and dumb, the blind, the feeble minded, the insane, etc. Every day of our lives we are served with necessities, comforts and luxuries that would be impossible except by socialistic co-operation with our fellows. The fact that at present the most of this is done by private initiative and for private gain does not alter the greater fact that social organization and stability are a first necessity to the success of any enterprise. Much might be said along this line, but enough for the present. Do not be afraid of a word.

A Great Fact.

Let us think of the following great fact: In this country there is enough of all kinds of building materials, rock, clay for brick, lime for mortar, iron, timber, etc., to build a comfortable abode for every family and the amount used would scarcely be missed from our own vast supply; there is enough land to produce food in abundance to feed, and cotton and wool to comfortably clothe, every man, woman and child under the stars and stripes; and there is enough unused labor to build the houses, raise the food and fabric fibers, and to spin and weave the cotton and wool, and thus give comfort and plenty to all. The fault is in our management. We are embarrassed by our wealth of natural resources, and our vast army of unemployed is willing and anxious to work. To intelligently put the labor to work on the resources, and thus produce the comforts needed by all is the only problem. Our trouble is not "over production," as many claim, but it is faulty distribution of wealth, and unequal opportunities to produce wealth.

Society has become a vast and intricate organization. Changes in modes of production, in machinery, and the changing demand for certain articles, frequently throw men out of employment. However industriously inclined these men may be, it is frequently impossible for them to find another place in the complicated machine which our highly organized social organism has become. Then what shall be done? Many excellent men, through lack of employment, long continued discouragement and privation, have degenerated into tramps. Is it wise for us to continue this tramp-making process when by better management there will be plenty and happiness for all.

The secret lies in giving men who are thrown out of work through no fault of theirs an *opportunity* to make a living. This can always be done by "returning to the land," as in primitive days; and an opportunity should be given for that. New Zealand has set us a valuable example. Shall we not follow it? The unemployed are trying to do it themselves. We are all familiar with the recent convention of Mr. Debs and his coworkers in Chicago. Their plan is to colonize together in a single state, and several states offered large inducements in land and money, knowing that such an influx of population and possibilities would add greatly to the posessions of the state.

What State will do it First?

This leads us to the following suggestion, which can be made of far reaching importance: Any state, or even any county, can attract these men by following the example of New Zealand. Give these men an opportunity to live and to establish homes for themselves, and they will do it gladly. In doing so they will build up any community that gives them this opportunity. They do not ask charity; they only ask a chance. There is plenty of land, and the bankers say there is plenty of money lying idle, waiting for borrowers. Any state or county of good financial reputation can now borrow money at a very low rate of interest. This same money can be loaned out in small sums to these men at a higher rate of interest, for building materials, implements, etc, the whole being mortgaged to secure the loan.

I hear an objector crying, "paternalism." Well, objector, you know that, as a rule, railroads ask and receive donations of money and land; not as a loan, but as a gift, without any pretense of ever paying back. You, perhaps, know of the enormous grants made to the Pacific railroads, for example. Why did you not cry paternalism then? You say that railroads were necessary to develop the country. What is more necessary to develop a country than men? Any state or county that adopts the above suggestion will do a wise thing for itself. Texas could thus help to people its vast empire; the far western states can break up their extensive ranches and people them with men instead of cattle. The state that first does this will first enter upon a rapid advance toward greatness.

I speak of individual states, or even counties,

Digitized by Google

first entering upon this plan, because, being smaller than the Nation, they can do it more quickly. But ultimately I would prefer that this be done as a National measure, to the effect that not a person in the whole length and breadth of our land need be unemployed. When we get a Postal Savings System, the money deposited with the Government by the people can be turned over as above described at a slightly higher rate of interest than the Government pays to the depositors. Thus the savings of the people would be turned to the needs of the unemployed, and to the development of the country. No poverty need exist in this country except by our lack of wise management.

The question now is, shall we sink to the industrial level of Europe? Many predict that we must do so. This means lower wages and a lower standard of living. Our "army of unemployed" is the greatest danger in this country. We have to support them, for they must and do live and they reduce wages by competing for all the employment in sight. They are different from the standing armies of Europe in that the latter do not compete for employment; also soldiers are, through the national treasuries, patrons to producers—the governments purchase from industry the supplies for the army. So if we do not do something for our unemployed, our industrial classes are in danger of sinking below those of Europe. The danger can easily be avoided, and our national wealth can be greatly increased, by giving the unemployed an opportunity to build homes for themselves and make a living from the land. Let us not be afraid of "paternalism" or "socialism." We have frequently been "paternal" to large corporations, granting land, money and valuable privileges freely. Now let us be "paternal" to men seeking employment, and give them an opportunity to build homes and make a living. It will pay much better to give them a chance to become thrifty, home-owning citizens than to make tramps and vagabonds of them.

A Visitor from the Stars.

If an inhabitant of another planet were to visit us, and seeing our vast undeveloped wealth, our numerous unemployed, our sad poverty and want and degradation in consequence, what would he think? He would say that God has dealt generously by these people, by giving them a country of wonderful wealth of all kinds and unbounded possibilities, but the people are foolish; while they have vast land untilled, they have hungry mouths; while they have about three millions of artisans, both skilled and unskilled, hunting for work, yet these and many more have no homes, and so on the sad and shameful story through. He sees clearly that it is bad management. In the midst of plenty there is want. Our great possibilities are not understood, and we stand like little children in the dark. We do not prefer want and degradation to plenty and elevation, but we simply do not know how to use our great opportunities, and we are as badly off as if we had them not. Shall we learn? The first thing to learn is that an unemployed man is not necessarily a bad and dangerous man, but if he continues without an opportunity for employment he is likely to become degraded and dangerous. This is human nature. We would be so ourselves. Second, if the State is going to be "paternal," it will pay much better to be so to the weak, discourged and needy, rather than to the great, powerful and wealthy. The latter should be able to take care of themselves, but as a matter of fact, they are the ones that ask and get most from the State. If we would require powerful corporations to take care of themselves for awhile, and make them pay what they rightfully owe, we would have plenty of funds to give all the unemployed a start.

Doctors have robbed pestilence of its terrors, changed danger to safety, added to the length of human life, and added comfort and security to living. Who will clear away the darkness, and solve the problems above indicated? Will politicians do it? No. They are corrupt. Will the press do it? No. It is venal. Will the lawyers do it? No. They are for self. Will the clergy do it? No. In their contemplation of "another world" they forget this world, and their duty to poor humanity here on earth. Then who shall do it? Don't look to the "business men." Their concern is for customers, for trade, for profit. Who is left but the doctor? He must light the way, and lead the way, and inspire others to follow.

Reviews.

"Typhoid Fever and its Abortive Treatment," by Dr. J. E. Woodbridge, of Cleveland, O. Published by the Cleveland Medical Publishing Co. This is an attractive volume of 368 pages. In this book Dr. Woodbridge expresses himself fully and clearly, giving his papers which have been read before medical associations, giving a full exposition of his treatment both in children and in adults, numerous reports of cases with temperature charts, and two colored plates showing healthy and unhealthy ulcerations of Peyer's glands. This would be an appropriate book to read at this season of the year.

"DON'T WORRY; or Spiritual Emancipation." By T. F. Seward. Published by The Brotherhood of Christian Unity, 18 Wall street, New York. Price 25 cents. This is an attractive pamphlet of 59 pages. Only the early chapters are devoted directly to showing how to avoid worrying; the remainder, or indeed all the pamphlet, is religious in its nature, but very

Digitized by Google

pleasantly so—not dogmatic nor pedantic. Worry kills ten where work kills one. The elimination of worry from our rapid and intense American life would be a great blessing.

The McIntosh Battery Co., of Chicago, have just issued a new catalog of 288 pages. Everything electrical is described and illustrated therein. A radical change has been made in regard to prices. The prices are greatly reduced, and also the discount feature has been discontinued. This was always confusing. In the catalog the real price only, without discount, is given, the discount being already taken off. Much valuable literature on electrical subjects from the best authorities is included in the ample pages of this useful catalog.

Practical Points.

Dr. J. M. Truscott, of Pinnebog, Mich., writes: "'The Physician as a Business Man' should be read by all medical men. I have loaned mine to three beginners and spoken of it to many other doctors. Many and many a dollar can be saved by its aid."

A few more copies can be supplied at 50 cts.; former price $1.

IT is said that brass band players don't die with lung diseases. See adv. of Messrs. Lyon & Healy, in this issue, and send for their catalog.

FRANK S. BETZ, of Chicago, is doing much good. He is manufacturing bath apparatus on a large scale, and sells to physicians at a very moderate price. See his new quarter page adv. in this issue.

FELLOW'S hypophosphites are always indicated in reduced conditions. It is an ideal tonic.

HAVE you used Micajah's uterine wafers? See their adv., and send for free sample.

SEE adv. of Marshall's convertible buggy case.

ALLISON'S physician's table is said to be "the champion of the world." See illustration and description in this issue.

HAVE you tried the "elixir six iodides"? See adv. and think about it.

WE have again put Messrs. Flavell's page where you can easily find it—just over one leaf from title page. Send your orders to them direct. Brace up weak points in hot weather.

IF babes could talk, they would bless the memory of Dr. Fehr, who has contributed so much to their comfort by his compound talcum baby powder. Of course you give your babies the advantage of this, specially during hot weather.

SEND to Western Leather M'f'g Co., 73 Wabash ave, Chicago, for catalog of all kinds of medicine cases.

IF your patient needs malt, you can do no better than to order Braunschweiger Mumme. See adv. and have your druggist to carry it. It is exceedingly large value for the price.

MESSRS. WM. V. WILLIS & CO. continue their special August Offering to our readers, and also add other nice offers. If you once deal with this firm, you will continue. They handle only the best goods, and at very reasonable prices. They are now making a bid for your trade. Try them and you will not regret it. Don't fail to see their adv. in this issue. They are personally known to the Editor of this magazine, and he vouches for them.

SEND a postal card to Messrs. Parke, Davis & Co., asking for monographs, reports of cases, etc., on typhoid fever, and a full description of the Woodbridge treatment. Don't delay this. You need this information *now*.

SPECIALISTS can afford expensive apparatus for the efficient local treatment of the nasal and other passages; but the Universal Multinebular Vaporizer brings these facilities within reach of the general practitioner at moderate cost. Send postal to Globe M'f'g Co., Battle Creek, Mich., for detailed information.

YOUR typhoid patients should be restricted to liquid diet. You will do your patients injustice if you don't include Bovinine.

DO YOU carry Cascarets to give to children instead of castor oil? If you do, your duties will be made more pleasant and the children will love you—and the grown people will also inquire why their bowels cannot also be moved with candy. See page in this issue and send for some.

THE Chloride of Silver Battery is the one that stays with us; perhaps that indicates that this is the battery that "stays with" the doctor in his needs. Is this the kind that you use? If not, why not?

DR. PAUL PAQUIN, of St. Louis, Mo., made an interesting report at the recent meeting of the Amer. Med. Ass'n on the use of anti-tubercle serum. Write to him for literature on that subject. He will willingly supply it to you, and he will be pleased to know that you are interested.

MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

Meeting at Louisville, Oct. 5, 6, 7, 8, 1897.

The Executive Committee met recently at Louisville, in conjunction with the local Committee of Arrangements, the following being present: Drs. Stucky, Grant, Mathews, Love, Holloway and Reynolds. It was determined to make the coming meeting the largest and best in the history of the Association, and everything points to a fulfillment of this endeavor. The railroads will make a round-trip rate of one and a third fare, or probably one fare. The address on surgery will be delivered by Dr. J. B. Murphy, of Chicago;

(*Continued over next leaf.*)

Digitized by Google

Solubility, Reliability and Permanency are the requisites in a perfect pill as made by W. R. WARNER & COMPANY, and prescribed by the medical profession with satisfactory results for the past 40 years. Friability is no proof of Solubility. Avoid substitutions and consequent disappointment.

Pil. Sumbul Comp.

(WARNER & CO.)

Ext. Sumbul	1 gr.	Ferri Sulph. Ext.	1 gr.
Asafœtida	2 grs.	Ac. Arsenious	1-40 gr.

DR. GOODELL—"I use this pill for nervous and hysterical women who need building up."

This pill is used with advantage in neurasthenic condition in conjunction with Warner & Co.'s Bromo Soda, one or two pills taken three times a day.

Per 100, $1.00

Pil. Peristaltic

(WARNER & CO.)

Each containing

Aloin	¼ gr.	Ext. Bellad.	⅛ gr.
Strychnine.	1-60 gr.	Ipecac	1-16 gr.

Dose—1 to 2 pills.
Therapeutics—Cathartic, tonic.

Per 100, 40 cents.

RHEUMATISM INDIGESTION

Pil. Antiseptic

Each pill contains

Sulphite Soda	1 gr.
Salicylic Acid	1 gr.
Ext. Nuc. Vom.	¼ gr.

Dose—1 to 8 pills.

Pil. Antiseptic is prescribed with great advantage in cases of Dyspepsia attended with acid stomach and enfeebled digestion following excessive indulgence in eating or drinking. It is also used with advantage in Rheumatism.

Per 100, 55 cents.

RHEUMATISM INDIGESTION

Pil. Antiseptic Comp.

(WARNER & CO.)

FORMULA

Sulphite Soda	1 gr.
Ext. Nuc. Vomica	⅛ gr.
Salicylic Acid	1 gr.
Powd. Capsicum	1-10 gr.
Concent'd Pepsin	1 gr.

Try this Pill. Used in all cases where there is no well-defined malady, yet patient is not well.

Per 100, 55 cents.

INGLUVIN

A Specific for Vomiting in Pregnancy

Dose: 5 to 20 grs.

A powder, used with superior results in all cases where pepsin may be indicated.

Prepared from gizzard of the chicken.

LITHIA TABLETS

(WARNER & CO.)

Afford a rational intelligent method of administering LITHIA as indicated in

RHEUMATISM, RENAL DISEASES, ETC., ETC.

TONO SUMBUL

is an elegant and efficient preparation especially for physicians' prescribing. It combines the nerve-tonic and stimulating properties of Sumbul Root, the blood-making properties of Iron and the general tonic and anti-periodic qualities of Cinchonia together with acid phosphates so blended with delightful aromatics as to present a cordial which is both palatable and wonderfully efficient in allaying the troubles for which it is indicated.

Price, $1.00

PARVULES

afford the most perfect form of dosimetry. Many physicians favor the convenient, accurately measured small dose with frequent repetition (especially for children.)

WARNER'S PARVULES

are made to meet this requirement. There are 40 different formulæ of Parvules, 100 and 500 Parvules in each bottle.

Per 100, 25 cents. Per 500, $1.10

WM. R. WARNER & CO.

MANUFACTURING CHEMISTS

1228 Market Street, PHILADELPHIA
52 Maiden Lane, NEW YORK
197 Randolph Street, CHICAGO

Digitized by Google

the address on medicine by Dr. John V. Shoemaker, Philadelphia. Title of papers should be sent to Dr. H. W. Loeb, secretary, St. Louis, Mo.

Do you give enough attention to the proper feeding of your patients? A man fed on white bread alone will die from inanition; while entire wheat bread will sustain the body in good condition indefinitely. What does this suggest to you? To see that your patients get proper bread. For literature containing full information, address The Franklin Mills Co., Lockport, N. Y.

See the page of Messrs. I. O. Woodruff & Co., and get acquainted with the Freligh remedies. Samples, literature, etc., will be furnished to you free.

A fine assortment of preparations is presented by Messrs. Wm. R. Warner & Co. this month. See their page, and you will be sure to find on it something that you need.

Dr. A. Oppermann, of Auburn, Neb., has had made for his use in his practice, a carriage that protects him from all kinds of weather, and which carries electric lights, supplied by storage battery, for illumination at night. If you are interested, write to him for further information.

Gentlemen:—It affords me pleasure to inform you of my high estimation of the value of Imperial Granum in a recent case of obstinate vomiting of pregnancy. For many days at a time my patient could retain practically nothing in the way of nourishment until the Imperial Granum was tried, when the stomach immediately became more tolerant and nutrition was rapidly regained—and at this writing, four weeks from the time she began its use, she is still relying almost exclusively on it for nourishment.

It is safe for me to say that in the future I shall depend on the Imperial Granum when its use is indicated, and with best wishes for your success, I am, yours very truly, ———, M. D.

Physicians can obtain samples of this most valuable prepared food free, charges prepaid, on application to John Carle & Sons, 153 Water street, New York City.

"In Nutrient Wine of Beef Peptone the physician finds the ideal predigested food. Each pint of the preparation contains the entire digestible substance of one pound of fresh, lean beef. It is especially serviceable in typhoid fever and in all diseases where nutrition must be supplied without taxing the digestive organs."

Dr. L. F. Flick, of Philadelphia, (Med. News) states that he has found europhen inunctions a promising curative agent in the treatment of tuberculosis. Eight years ago when he first resorted to this method he employed iodoform, but later discarded the

(*Continued over next leaf.*)

A GOOD practice free to anyone that will purchase my property. Do not write unless you mean business. Send a stamp for reply. Box E., Wharton, Ohio.

FOR SALE;—Fine property and $2,000 practice in one of best counties in northern Indiana. J. A. Tillett, M. D., Buffalo, White county, Indiana.

WANTED;—A regular practitioner to locate in our town; Dr. Overmyer has retired. Good roads, good pay, no competition. Address Postmaster, Leiters Ford, Ind.

SPECIAL prescription for curing rheumatism and neuralgia; brings relief to the patient, reputation and dollars to the physician. Send your address for full particulars and the prescription. "H," Box 891, Norwich, Conn.

FOR SALE;—Two Superior Batteries, Waite & Bartlett, gal. and far., $150.00; storage cautery, $80.00. Dr Seip, Erie, Pa.

WANTED;—To purchase an established, unopposed practice, or one in town in New Jersey or eastern Pennsylvania, either school. Address, "Jersey," care of MEDICAL WORLD.

AN experienced, young German Physician wants location, partnership, or to travel with Invalid. Doctor W., Harris, Minn.

200 PRACTICES for sale. Lists and particulars free. Practices and drug stores bought and sold. Assistants and partners provided. Address, "The Medical Echo." Lynn, Mass.

FOR SALE OR RENT;—Practice of $1,500 to $2,000, for cost of property. Good reasons for selling. In small town. For particulars, address, with stamp, J. T. Crocker, M. D., Lonelm, Ark.

LOCATION in town of 1000 in best farming district in southern Ohio. Address, A. E. Bumgarner, Piketon, Ohio.

WANTED;—A Practice in a town in Pennsylvania, of not less than three thousand inhabitants. Address, Bistoury, care of MEDICAL WORLD.

COLORADO;—$2,000 practice, drugs, two-story house carpeted and furnished. Well, barn and carriage house. For sale for $1800—cash $500, balance on time. Address, "R," care of MEDICAL WORLD.

WILL exchange old established practice and valuable town property, in wealthy city, north-western Penna., for Kentucky farm near large town. Address, Box 792, Warren, Pa.

FOR SALE;—House and lot and small farm and good-will to practice, for $3,000. Address, J. W. Huddleson, Murphysville, Ky.

$1800 PRACTICE;—Village 1200, town 2800; six large mills, high school, twelve stores. Much surgery. One other M. D. Price, $800,—with horse and road outfit. Fine house for rent. Address, Lock Box 31, Milton, N. H.

GOOD practice with small stock of drugs for sale, in eastern Washington, for price of property. Address, Washington, care of MEDICAL WORLD.

DOCTOR, The Imperial Pneumatic Truss is a boon to sufferers. Send for descriptive pamphlet. Imperial Pneumatic Truss Co., Jacksonville, Fla.

WANTED—A good location, or to purchase a practice, in California. Reasonable in price and Allopathic. Physician, Capitola Hotel, Capitola, Santa Cruz Co., California.

GALL-STONE AND BILIOUS COLIC—A precious treatment—positive results. 50 cents by mail. W. Davis, M.D., Lansing, Iowa.

A Private Sanitarium for

Epileptics.

Only eight selected cases taken. A perfect environment; constant medical supervision; a delightful home. Send for description and references to DR. WILLIAMSON, New London, Conn.

Digitized by Google

The Medical World

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World.

C. F. TAYLOR, M. D.
Editor and Publisher.

Subscription to any part of the United States and Canada ONE DOLLAR per year. To England and the British Colonies, FIVE SHILLINGS per year. Postage free. Single copies, TEN CENTS. These rates must be paid *invariably in advance.*

We cannot always supply back numbers. Should a number fail to reach a subscriber, we will supply another, if notified before the end of the month.

Pay no money to agents for this journal unless publisher's receipt is given

ADDRESS ALL COMMUNICATIONS TO

"THE MEDICAL WORLD."
1520 Chestnut Street,
PHILADELPHIA, PA.

VOL. XV. OCTOBER, 1897. No. 10.

An Active Campaign Ahead.

THE MEDICAL WORLD is your magazine. It belongs to the profession. The Editor is only the pilot. The forces that centre in it come from all parts of this broad land. The Editor seeks to guide and direct these forces in a way that the greatest practical help may be given the greatest possible number.

It will be early in October when you read these lines. The question then before us will be, what will be the most useful topic for interchange of thought in our November issue. The Editor proposes the following questions:

What are the causes of coughs?

Are you able to treat coughs to the satisfaction of yourself and patients? If so, please give your method or methods.

What are the best hygienic plans known to you for the prevention of "taking cold"?

When a cold has started, can you stop it in its incipiency? If so, how?

When an ordinary "cold in the head" is thoroughly established, can you resolve it in a short time? If so, how?

Nothing will be more important to you for a number of months than the successful management of the ordinary catarrhal ills that afflict people in cold weather. The busy doctor is more often annoyed and even puzzled by the numerous applications that come to him for complaints embraced in the above questions during the fall, winter and spring months than by any other class of complaints. If a doctor handles these often seemingly trivial cases with efficiency, it will help to establish confidence in his treatment of cases of larger moment. It is the duty of a physician, both to himself and to his patients, to give as prompt relief as possible in a class of cases so numerous and annoying. Those of our readers who succeed in giving satisfactory relief in these cases, please tell the rest of us how you do it; for many of us do not so succeed, and we need this information.

After you have done as above requested, look up your last winter's notes on pneumonia, and see if you have anything worth saying to the profession regarding its treatment. Also concerning capillary bronchitis of children and acute bronchitis of the aged. Also the best methods to promote the comfort and well being of consumptives in winter. You see, we have an active campaign

Digitized by Google

before us. Let us be equal to its demands. We are often told that "it is more blessed to give than to receive." In regard to ideas, we are blessed both in giving our ideas to others and in receiving the ideas of others. This is a double blessing, and when it is applied to the relief of humanity it becomes multiplied many fold.

GIVE Dr. Harris' article on "Atypical" fever in this issue special attention, and see if it solves your difficulties between typhoid and the so-called typho-malarial fevers. The doctor proposes a new solution to our old difficulties.

Plagiarism and Insult.

I have always endeavored to avoid personal or controversial journalism. I much prefer to devote all this space in this magazine to candid, impersonal expression and exchange of views on scientific topics, with a single view to mutual help among our many thousands of readers. But when the green eye of envy casts an insult that extends to a large, respectable and useful part of the medical profession of this country, I am compelled to give the matter attention.

In the July issue of the Indiana Medical Journal (published at Indianapolis, Ind., and edited by A. W. Brayton, M.D., 24 E. Ohio street) a remarkable editorial appeared. It is difficult to conceive of two columns containing more insult and cheap "penny-a-line" trash. "The Unique Medical World" is the title of the editorial. The following are quotations from it:

"There is in the United States a vast constituency of the medical unwashed, semi-educated and unregenerate. They constitute perhaps thirty thousand of the seventy thousand physicians of the country. Dr. Taylor saw the opportunity to give these people an organ—one for which they could write their own music. He is the Captain Booth of medical journalism, addressing an audience needing salvation."

THE MEDICAL WORLD is further referred to as the "organ of the Submerged Third."

Readers, how do you like being called "unwashed, semi-educated and unregenerate?" And how do you like being classed as the "Submerged Third"? This attack was a great surprise to me, and was entirely unprovoked, unnecessary and uncalled for. It comes from a man who should be friendly and grateful to THE MEDICAL WORLD and its Editor. In the late 70's I was a member of his class in chemistry, and during all these years I have embraced every opportunity to be friendly to him, and to refer inquirers for chemical analyses to him.

While medical journals all over the country have quoted freely from THE MEDICAL WORLD, giving credit, I do not remember a single credit given to THE WORLD by the Indiana Medical Journal, altho I frequently recognized ideas and forms of expression from THE WORLD in the Indiana Journal. The following is an example:

The following are parts of an editorial that appeared in THE MEDICAL WORLD for January, 1892, written by Dr. J. J. Taylor, then a member of the WORLD staff:

The Great Epidemic.

A disease that prostrates hundreds of thousands of human beings throughout Europe and America within the space of a few weeks is certainly one of considerable importance.

* * * * *

What a pity that a disease of such vital import to humanity should be popularly known by a name so insignificant and trifling as "La Grippe." This encourages people in regarding the disease itself as a matter of slight importance—until they have had it once—and in neglecting the proper care and treatment of themselves and those dependent upon them. The best name yet given to it, because based upon its most prominent symptom, in the absence of a more definite pathology—catarrhal fever—should be used. This recognizes the catarrhs of the various membranes in which it is manifested throughout the system.

* * * * *

The active cause is unknown. This may as well be frankly acknowledged by the profession until more positive advance is attained. The disease travels and acts in every way like one caused by a micro-organism, yet none has yet been conclusively demonstrated. The predisposing cause is debility, either from constitutional or organic weakness, existing disease, exposure, lack of nourishment or sleep, fatiguing labor of body or mind, care, anxiety, grief, dissipation, or social or sexual excesses

The pathology is not determined, but the most likely theory is that the disease spends its force upon the central nervous system—especially the spinal cord, and that the local manifestations are due to interference with its functions.

The following are parts of an editorial that appeared in the Indiana Medical Journal for February, 1892, page 180.

Catarrhal Fever.

A disease that prostrates thousands of human beings throughout both Europe and America, is certainly of great importance. How strange that a disease of such vital import to humanity should be known by a name so insignificant and trifling as "La Grippe." It encourages the laity to believe the disease one of slight importance—until they have had it once. The best name yet given it, because based on its most pronounced symptoms, is catarrhal fever; this recognises the catarrhs of the various membranes—both serous and mucous—in which it is manifested throughout the system.

* * * * *

The etiology is yet unknown, yet the disease travels and acts like one caused by a micro-organism, though none has been conclusively demonstrated. The predisposing causes are debility, exposure, lack of nourishment or sleep, fatiguing labor of body and mind, care, anxiety, grief and dissipation.

The pathology is not determined, but the most likely theory is that the disease spends its force upon the central nervous system, especially the spinal cord, and the local trouble is due to interference with its functions.

The above was so flagrant a piece of plagiarism that I wrote to the Indiana Journal about it, and Dr. Brayton gave some babyish excuse, (he has since been more careful) and I good-naturedly overlooked it and continued the same friendly feelings as before. These feelings have continued uninterrupted until the appearance of the above mentioned editorial in the Indiana Medical Journal for July of this year, and since July I have written to Dr.

Brayton and the officers of the Indiana Medical Journal Publishing Company, hoping for and expecting an amende honorable, in which event this space could be used for more agreeable purposes. I have waited in vain even for answers to my letters; and further forbearance ceases to be a virtue Is it not strange that the officers of this company should seemingly endorse this wholesale insult to the profession? (These officers are as follows: Dr. Geo. J. Cook, treas. and general manager, 18 W. Ohio st.; Dr. L. C. Cline, pres't, 42 E. Ohio st.; Dr. H O. Pantzer, vice-pres't, 194 E Michigan st; Dr. H. M. Lash, sec., 18 E Ohio st., Indianapolis, Ind.)

I know that this does not represent the position of the profession of Indiana. I am a Hoosier, and I know the profession of Indiana to be fair minded and progressive. I am very proud of our very large list of subscribers in Indiana, and I know that they are not "unwashed." What should be done with a man who, without the least provocation or occasion, insults his own profession of his own state, and of the whole country? In the military they would drum him out of camp Is it not also strange that the Indiana Medical Journal Publishing Co. seem to endorse his course, and retain him in their employ? Can they afford to do it? What do the readers of the Indiana Medical Journal think about it?

The following little incident will be interesting in this connection. Several years ago I happened to be in Indianapolis, and Dr. Brayton asked me to take a buggy ride with him. He immediately began asking me questions about medical journalism, and whether I thought he could go to some eastern city, other than Philadelphia, mentioning Baltimore, for example, and start a publication similar to THE MEDICAL WORLD and succeed as I had done. I generously answered all his questions to the best of my ability, and wished him success in whatever he might undertake. The above is my reward.

In connection with the above, the following letter received from an Indiana physician July 15th, will be of interest. I suppose that all Indiana doctors will be surprised at the above exposure of Brayton's plagiarism, and all will condemn his insulting, slanderous course.

Dr. C. F. Taylor, Editor MEDICAL WORLD,
Philadelphia, Pa.;

DEAR DOCTOR: My acquaintance with THE MEDICAL WORLD is very limited, having only seen a few sample copies. After reading the description of THE WORLD and its "*totally depraved*" editor, by our own immaculate, saintly and talented editor of the Indiana Medical Journal I was immediately possessed with enough "*cussedness*" to have a longing desire to know more of THE WORLD. Still, I do not want to admit that I belong to the 30,000 "unwashed, semi-educated, and unregenerate" throng. I trust that the estimate of our editor is overdrawn, and that the profession at large is not in such an "unsaved" condition. I looked through my files and found an old copy of THE WORLD and began to examine its contents. The greatest sin I could discover was, that its columns seemed to be open to all to express their ideas and opinions, and that to get a hearing in THE WORLD a man need not necessarily be a pseudo-professor, in some medical college. Neither was it filled with long-winded articles by so-called "specialists," but with short practical articles by busy, experienced men. I am going to risk one dollar, Doctor, for a year's subscription, even at the risk of being everlastingly lost. Send it along. Fraternally yours, GEO. H. F. HOUSE.
Indianapolis, Ind.

Original Communications.

Short articles on the treatment of diseases, and experience with new remedies, are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month for publication in the next month. Unused manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

READ. REFLECT. COMPARE. RECORD.

Typhoid Fever.

Editor MEDICAL WORLD:—I have treated five cases of typhoid fever this summer; four with the Woodbridge treatment. Four are convalescent. In the future I will stick to my old treatment—the sulpho-carbolate of zinc. It is superior to the Woodbridge treatment; can be given every two hours; it don't wear your patient out by having to be wakened every 15 minutes. No salivation, as I had. It is, in my judgment, a superior treatment. I get the liver to acting, then begin with two grain doses of sulpo-carbolate of zinc every two hours, dissolved in elix. lactopeptine. With it you have no hemmorrhage. Have two cases now under this treatment.

Woodstock, Va. W. S. CLINE.

Atypical (Typhoid-Malarial) Fever.

Editor MEDICAL WORLD:—It is the purpose of this article to present a new view of the nature of the fever about which there has been so much discussion and difference of opinion, and to suggest to the profession the propriety of abandoning the old names and adopting one more fitting and appropriate—"Atypical." It is also its purpose to draw a differential diagnosis between it and other fevers, which will enable a mind of ordinary discrimination to recognize it without difficulty in its early stages, and then present the reader with a treatment that has served the writer so well he is quite sure of its general adoption after a fair trial. He has yet to record a single death since its adoption, several

Digitized by Google

years since. Though his clinical material has not been very large, it has been sufficient to authorize him to write of it with confidence and an assurance that he is right.

To treat a disease successfully one must have a correct idea of its nature and habits, its natural history and the accidents to which it is subject. To give the reader a clear idea on these points, I must beg him to divest himself of all preconceived opinions and follow me in a little rambling which is necessary to present the subject in its proper light.

Typhoid fever has a clinical history so perfect that it has been aptly called classical. Its duration and course have been so faithfully studied that we know what to expect in every stage. Its every symptom has been portrayed faithfully. Like typhus, it should have been placed among the eruptive fevers. Though there is incidentally a lenticular eruption on the surface, its characteristic lesion is in the small intestine, and the eruption, differing from common ulcers, is as peculiar as the appearance in variola, rubeola and other skin eruptions. As well might one say that he has aborted any of the exanthemata as to say that he has aborted typhoid fever. It is impossible.

Malarial fever is also a separate and distinct disease, with no relation to other fevers, and its periodicity stamps it as an independent fever. It is due to a germ that is air-borne, and is subject to the control of medicines.

Atypical fever, that of which I write, has been known for years as typho-malarial fever, from its supposed kinship to those fevers. It has no relation whatever to either, but is an independent fever, due, as I think, to a germ that is water-borne. It has often, to the injury of the patient, been mistaken for those fevers, and of late years is the most common idiopathic fever known to us. Like the poor, it is always with us. Traveling as a free lance, it is equally at home in an epidemic of typhoid or malarial fever. If in the former, and if the doctor should treat it as typhoid should be, he will lose many cases. If in the latter, and if the doctor should pour in his calomel and quinine in regulation style, he will be called to his case early in the second week to see him die of intestinal hemorrhage. It sometimes appears in a mild sporadic form—a case here and one there. Again, like a besom of destruction, it swoops down on a family or town, leaving death and destruction in its track. The writer has known five deaths in one family in two months. In a village five miles distant there was a mortality of one hundred and twenty out of a population of one hundred and fifty during one season! In another town, six miles from the one just mentioned, the deaths were so numerous that the government appointed a commission to investigate it, and the disease took the sobriquette of "Rockmart Fever," very much to the chagrin of the citizens of Rockmart. Between these two places there were twenty-five saw mills and a coaling employing a large number of convicts. Here was a splendid opportunity for studying the disease, but the commission dissolved without making a public report. It would seem from this that the decay of vegetable matter was an important factor in the production of the disease. One of its favorite haunts I have noticed is the old, well shaded homestead going to decay. It spares neither age, sex nor condition—all being alike subject to it, but it shows a marked partiality to the young from puberty to maturity. Beginning in a family it is very liable to attack several members, particularly those engaged in nursing the sick. In this connection I would notice the prophylactic power of alcoholic stimulants. A small ration of whiskey or cognac brandy served to every member of the household seems to prevent the spread of the disease.

Atypical fever has not suffered for the want of names. In the army it was known as Chickahominy and camp fever. Among pioneers it is called emigrant fever. When it attacks the very young it has been called infantile remittant. In cities and country communities it has been called gastric, typho-malarial, malarial continued, etc. Nor has it suffered as to etiology and genealogy. There is no telling the vast amount of labor and thought expended to properly place it. Dr. Woodward, Surg. U. S. A., says it is a hybrid product of the joint

Digitized by Google

causes of typhoid and malarial fevers. Dr. E. H. Richardson, of Atlanta, equally prominent in his section, tells us it is typhoid fever itself, the type of the disease having changed of late years. Still another able doctor of Memphis, in a series of articles long enough to make a book, would have us believe it is continued malarial fever. It is, therefore, with diffidence that I say all these distinguished doctors are wrong, and that the fever is a distinct disease, having no connection with other fevers. Of this I am sure, from a careful study of the disease for forty years in every phase of life—in the army, in convict camp and in private practice. The cases I have had would run up into hundreds.

Whatever be its cause, it finds its local expressions in the viscera of the abdomen, and very rarely of the thorax—those organs over which preside the solar plexus of nerves. Mark this. It is a distinguishing feature of the fever. During its course, conditions simulating inflammation of any one or more of the organs engaged in digestion may arise, and we may thus have a gastritis, a colitis, an enteritis, a hepatitis or a nephritis to contend with. The symptoms are very obscure, the fever being the most striking. The brain and spinal cord seem to be remarkably exempt from disturbances, except such as result from suspended nutrition and asthenia in its advanced stage. The mind often remains clear to the last, and the organs of special sense intact, in marked contrast to the apathy and delirium of typhoid, and the restless anxiety of malaria. In atypical fever we have usually constipation, a flat belly, no tympanites, no iliac tenderness or gurgling, no diarrhea, no subsultus, nose bleed rare, no trembling of the tongue, so marked in typhoid. Are not these enough to enable a mind of ordinary discrimination tell the difference and recognize the fever in its first stage? The tongue in typhoid is very peculiar in having a whitish fur, and trembling, each fibrile acting as an independent and separate muscle. This appearance of the tongue has been well described by many authors, and is considered a most valuable diagnostic symptom. In typhoid there are several days of malaise and prodromes. Intestinal hemorrhage, which may happen in the second week of atypical fever, comes late in typhoid and sometimes during convalescence.

So marked indeed is the difference in the clinical features of the two fevers that one might say, with Hamlet, "look on this picture and then on this."

I now give the reader a diagram showing the leading points in the three fevers:

TYPHOID.	ATYPICAL.	MALARIAL.
Several days malaise and prodromes. 1st day's temperature, 99; pulse, 100. Headache; mind dull and apathetic. Surface uniformly warm. Abdomen swollen with gas-tympanites; iliac tenderness and gurgling. Diarrhea. Tongue has white fur and trembling. Subsultus tendinum. Delirium. Intestinal hemorrhage late and in convalescence. Nose bleed. Urine has traces of albumen. No specific. Course and duration typical. One attack gives immunity against subsequent ones. Cannot be aborted.	Accession abrupt; no prodromes; no chill. 1st day's temperature, 102° to 105°; pulse, 120. Mind clear to the very last. Extremities cool; abdomen hot. No tympanites. No iliac tenderness; no gurgling. Constipation; flat belly. Tongue changed but little and no trembling; yellow fur. No delirium. No subsultus. No nose bleed. Intestinal hemorrhage as early as second week. No albumen in urine. Course and duration uncertain and atypical. One may have this fever several times. Can be aborted. Opium a specific.	Accession abrupt. Chill. 1st day's temperature, 103° to 106°; pulse, 98 to 120. Periodical. Abdomen tumid. Surface temperature uniform. No tympanites. No gurgling; no iliac tenderness. Thick yellow fur on tongue; no trembling. Urine scant and yellowish-red; no albumen. Course and duration subject to treatment. One attack predisposes to another. Intestinal hemorrhage very rare. Nose bleed rare. Quinine a specific. May be intermittent or remittent.

Treatment: Typhoid fever, for which atypical fever is so often mistaken, like other eruptive fevers, runs a determinate course, requiring little or no treatment. Not so with atypical fever. It needs treatment, and the cases left to themselves do badly. Unfortunately for us, our patients are often mistreated before we see them by the abuse of purgatives. If so, 'tis best to decline treating them or else give a very grave prognosis and tell their friends what they may expect in the second or third week—an intestinal hemorrhage. The doctor may feel safe in making this prediction, for it is almost certain to come, and failing to do so his friends will justly ascribe it to his skill. The most important thing now, is to divest yourself of all notions as to the kinship of this to other fevers, and consider it an independent disease. Here you have an inflammatory condition of one or more of the organs engaged in the important function of digestion, and if not remedied, will surely undermine the citadel of life. You should carefully examine your case (for the symptoms

Digitized by Google

are obscure) and learn the organ diseased, that your treatment may be modified to suit. I have said opium was its specific, but it requires nice handling. Too much is always injurious. It should be your first aim to ascertain the tolerance (so varied) of the drug, and then be sure to keep your patient under its gentle influence *until convalescence is fairly established.* Should you relax, your case will surely retrograde, for your enemy never sleeps, but seizes every chance for advancing. For this purpose there is nothing better than this formula:

℞	Elix. opii. deod. . .	oz. j
	Bismuth sub nit. . .	oz. ss
	Salol.	gr. xx
	Co. spts. lav. . .	dr. iv
	Elix. calisaya, q. s. ad. .	oz. viij

M. S. Teaspoonful every three hours when awake.

After three doses it is best to suspend the opiate a few hours for clearing the bowels. For this give calomel, gr. x; ipecac, gr. i; soda, gr. x. Put into a capsule and give at one dose, to be followed, if need be, by oil and turpentine and warm enemata. From now to the end take no thought of cathartics, but use enemata if need be every other day. After the bowels have been cleared, resume the opiate immediately and continue until well into convalescence. You should not keep the patient sleeping all the time, but he should have enough sleep. As the fever subsides the interval may be prolonged, and for several days after its disappearance the patient should have three or four doses. This is the main arm of treatment. If one preparation of opium does not agree, take another; and it may be that the hypodermic syringe with morphia may be necessary, which, however, should be avoided if possible for the only reason that the doctor is not always present to give it. While opium is the specific in this fever, it will not do to depend on it to the exclusion of other medicines. Your patient is very sick and needs all the helps you can give him. Again, I repeat the warning about purgatives. Small doses of calomel, so popular with the older doctors, or the mildest of aperients, are not to be considered. Hot pepper or mustard poultices of flax seed meal should be applied the first day and continued until a day or two after the fever subsides. The modern doctor will smile at this, but your patient will thank you for applying them assiduously. They have a soothing, tranquilizing effect on the nerves that supply the diseased organ, and in this way aid in preventing nervous excitement so exhausting to the weak. Cold applications, so grateful in other fevers are dangerous here in that they drive the mass of blood to the central organs where it may find an outlet through the feeble capillaries in a hemorrhage. Should intestinal hemorrhage, to which your case is prone, occur, make the poultices as hot as can be borne and use mustard sinapisms to the spine and extremities and bottles of hot water everywhere to keep up this warmth and prevent congestion of the viscera. Increase your dose of opium and enjoin absolute rest for several days. Alcoholic stimulants diluted should be the only food used except milk. Ergot, lead or other astringents are hurtful. Ice water or ice pellets should now be given freely. After your case has taken the opium three or four days, a trial of quinine (in one grain doses and never more) should be made. One grain every three hours in the form of capsules freshly prepared (don't depend on pills) should be given, and its effects watched. Large doses of quinine invariably do harm. A marvelous change may now come to your case. Fever may leave in a couple of days and your case get well rapidly. It is not usually the case however, and if the quinine has no bad effect in irritating the stomach or producing nervous excitement, it should be continued every three hours to the end of the fever. When the fever begins to abate, nux vomica or strychnine and hydrastis should be added.

℞	Tr. nucis vomicae . .	dr. ij
	Fl. ex. hydras. . . .	dr. iv
	Aq. purae	oz iv

M. S. Teaspoonful every three or four hours.

Occasionally doses of spts. nit. dulc., dr. j, have a good effect.

Stimulants at first are injurious. In the second week, diluted freely, they make the best of food. Now the whiskey may be added to the sweet milk, and in convalescence it may be given liberally with sugar, ice and nutmeg. The diet

Digitized by Google

the first week should be almost nothing, or a small quantity of churned milk diluted or sweet milk and lime water. Meats or broths containing them should be positively forbidden until three or four days after the fever shall have subsided. The older writers called this disease febris carnae, from the relapses made by its eating. Cornmeal porridge or crumbs of corn bread may be mixed with milk and given in the second or third week. Go slow and feel your way with every change of diet. The juices of orange or lemon are sometimes tolerated when other food is injurious. It is unnecessary to say that the linen and bed-clothing should be daily changed and the patient sponged off with warm or cold water, as is most grateful, every day.

I have briefly outlined the treatment of this fever whose ravages I have seen in all their purple glory. Eminent doctors have told me that "it has made their heads swim and destroyed all their self-confidence." I have had similar experiences, as no doubt every general practitioner of my age has. As a puerperal complication, it presents an array of troubles that are formidable indeed. Should, however, the doctor be contented with ameliorating distressing symptoms and adhere rigidly to the opium treatment, he may confidently expect his patient to pull thru, tho his patience will be sorely tried.

It sometimes happens, if the case has not been maltreated, after a few doses of the opium and the operation of the calomel, the fever will immediately subside and the patient will return to health. This accounts for the mistaken cases of aborted typhoid fever. Again, if properly treated, this fever may subside in a few days or any time thereafter, and we may imagine we have cured a case of typhoid fever. The reader will here see the fitness of the name, atypical, which it is to be hoped those who differ about it will compromise on. Let us call it hereafter atypical fever. It has no type whatever, the gradations in pulse and temperature being almost as irregular as in meningitis. While we usually have an evening exacerbation, we often have it in the morning. Much depends on treatment. I have seen pulse and temperature drop in an hour from a dose of opium; and a little error in diet run both up in a short while.

The reader will observe that I have written as one having confidence in what he writes. Such as I have just given you are the gleanings of quite half a century of active laborious practice in this fever, without regard to the opinions or sayings of others. That they will stand the test when submitted to the crucible of experience, I know. I have every respect for the learned authors who have written on this fever, but I know they are in error. It was a great misfortune to science when Dr. Woodward allowed himself to be handicapped by previous learning in the study of this disease on the cadaver. A great mind like his would have arrived at very different conclusions about this fever. As it now is, his labors, showing so much interest and research and couched in such a charming style, have captured the advanced thought of the profession, and the word "typho-malarial" will continue its mischief for years to come. It is not so very easy to learn, but oh how hard to unlearn the errors we have learned from the learned.

Cedartown, Ga. CHAS. H. HARRIS.

The Sulphocarbolates.

Editor MEDICAL WORLD:—I am much pleased with the September WORLD, especially the typhoid fever articles. I have for three or four years been using intestinal antiseptics, one of which has been sulphocarbolate of zinc. After discussing these articles with my partner, he, in a day or two, asked me where I would find any description of the medicinal action of sulphocarbolate of zinc when internally administered. On looking I failed to find a single author who advised the internal use of the drug. You or some of the WORLD family please tell me who first brought this agent forward as an internal agent; who has tested its germicidal properties; and whether or not it possesses superior germicidal properties to salol, menthol, quaiacol, thymol, etc. And what is the maximum daily dose of the sulphocarbolate of zinc or soda?

In Dr. H. G. McCormick's paper, on page 390, he speaks of applying "guaia-

Digitized by Google

col" locally in from 10 to 25 drops as an antipyretic. Now, I don't just understand his mode of local application, and would like to know. Does he drop the medicine on the skin and have it rubbed in? or in what way? How often should this dose as an antipyretic be repeated?

Please give me this information through THE WORLD or otherwise.

Martin, Tenn. D. W. SCATES, M.D.

[All your questions about the sulphocarbolates are answered in Dr. Waugh's article in Sept. WORLD, pages 357, 358 and 359, which you evidently have not read carefully. No, this treatment has not yet gotten into the books. THE WORLD endeavors to keep from one to three years ahead of the books. The use of the sulphocarbolates, as well as many other useful methods of treatment have been established by the progressive contributors to THE MEDICAL WORLD. Dr. McCormick means just what he says about guaiacol. Get some and try it.—ED.]

Typhoid Fever.

The Editor of THE WORLD propounds some important questions.

1st. How do you diagnose typhoid? And do not some doctors slovenly call every fever they do not understand "typhoid"?

This is a far reaching question, but I believe there are some doctors who do in fact "slovenly call every fever 'typhoid.'" There are other doctors who, through a habit of magnifying all of their cases, call nearly every rise of temperature "typhoid," and every sore throat diphtheria. Thanks to Baruch, Waugh, Coleman, Broadnax, Woodbridge, and other less known but just as deserving doctors, there are many cases of genuine typhoid aborted, by cutting the fevor short in a few days in some cases, by shortening it and rendering it mild in other cases, and still others, though lasting the number of days, yet with scarcely any abnormal temperature, tympanites, or diarrhea; also many cases go through without rose spots.

How then do we know we have had a case of typhoid? By using that most important aid to diagnosis and treatment, common sense. For instance, many cases could be cited where a whole family, being exposed to the same cause, would have symptoms just like another family obtaining water from the same source, but as a result of different treatment, would have all of the cases lighter and some aborted. But, it may be said, "one swallow does not make a summer," etc. No; but that is just the point, when so many of us have, to prove our point, let one case occasionally run its typical course under the expectant treatment, and others in spite of our treatment would develop the typical or classical symptoms, yet in a large majority of our cases under improved treatment we see better results than under the old, and also see better results from our treatment than our confreres have in their practice who still say there is only harm done by trying to abort typhoid, then I say we have reason to say "the world do move;" there is progression in medicine.

Then, how do I diagnose typhoid? By its slow onset, gradual rise of temperature, peculiar diarrhea, epistaxis, eruption, range of temperature, course of disease, and sometimes by its epidemic character.

Again the editor says, have you made any change in your treatment in recent years? If so, why did you change?

For myself I can say I have changed in my treatment, not suddenly but gradually, until there is considerable difference in my general plan of treatment now compared to what it was ten or twelve years ago; and the reason is, because I have gathered a hint here and an idea there in reading the views of thinking, practical men.

The Editor asks, what is the difference? Well, to fully explain would take me through the science of medicine; yet a few words will give the idea to my fellow practitioners. More antisepsis; or in the fewest words, more aid to nature. It would take up too much space in a practical paper like THE WORLD for me to give my treatment in typhoid, but a few hints will serve to show the main points. The first thing to be done on being called to a case of typhoid is to view the ground and make preparations for the battle. How is the tongue, showing the state of the alimentary canal? What have been the habits

Digitized by Google

of the patient? What is his physical condition, and what is the condition of his surroundings? If his tongue is foul, coated brown, clear out the alimentary canal with calomel, small doses, ½ gr. every hour until movements are obtained. If the tongue is not foul, give him an internal bath any way; small doses of calomel and soda and copious libations of good pure water, hot if agreeable, or cold. After the calomel has acted, the water would better be continued, slightly acidulated with muriatic or citric acid, or lemon juice if preferred, but no sugar. During this time you will have looked over the field and planned your campaign. If your patient is in a small, stuffy bedroom, have him removed to an open, cool room. He would better by far be in a shed or tent than in a small bedroom with poor ventilation. Have him well bathed, and his under clothing and bed clothing changed every day. See that elimination is as near perfect as you can get it. If he has used tobacco he will now quit and you must find means to counteract the effect of the sudden change on his nervous system. Put him on milk, pure but not too much; give three to five-grain doses of sulphocarbolate of zinc (or other good antiseptic), enough to keep the stools from being bad smelling. Wash down his doses of medicine with cinnamon water, and meet any other indications, which will generally be very few. Keep the bowels open for one week at least; give pure water whether asked for or not every two hours. Give a bath once a day lasting until the temperature is as low as 101°. *Don't* give the highly lauded antipyretics. "Oh!" says one doctor, "I give mine protected with caffiene." "Then" I answer, "you will agree that they need protection." Another, a manufacturing pharmacist, says: "Don't be afraid to give my preparation; it has seldom been known to affect the heart." Another says: "MY anti is indicated with Salol." I say *don't*, DON'T, DON'T give antipyretics of the coal tar series.

One more caution: Don't give alcoholic stimulants unless absolutely needed; then if you do, watch carefully the effect. If needed, give for the effect and not by the regular dose; but nine times out of ten you will find the effect is bad. Perhaps a man accustomed to it should have his daily ration, but watch it carefully. I have seen more harm than good from alcohol in typhoid fever.

Above all don't get into a rut. That is the only bad thing with the so-called treatments. Get ruling ideas. Then make your plan for each case separately; study the case, the patient, and especially his surroundings; his nurse, his visitors, his business; see that he does not worry; examine thoroly his water and milk supply; don't take anything for granted; remember he got his disease from some source; find it out and remove it. Don't let him use ice in drinking water or milk. You don't know what is in the ice. Don't let his attendants worry him, but see that he has good attention.

Philomath, Ore. C. H. NEWTH.

Typhoid Fever.

Editor MEDICAL WORLD:—A brief summary of the whole subject as to the cause, prevention and arrest of typhoid fever, may be presented in these few words: It is a zymotic, or filth disease; it depends indirectly upon external uncleanly, unsanitary conditions, but directly upon internal uncleanly conditions. It is caused by the accumulation of the debris of the animal tissues. This worn-out animal matter is being constantly produced. It is a deadly poison, and if not eliminated will kill.

This auto-intoxication (self-poisoning) is the cause. Prevention consists in the constant elimination of this poison and the avoidance of its accumulation.

The arrest of typhoid fever can only result from the removal of this accumulation by arousing the scavengers of the system to a renewal of their full duty. To this day but one drug has been discovered which is capable of so arousing the secretions. This admitted sine qua non is mercury.

Mercury, in many forms, is a hazardous remedy to use. There is one form, however, in which it has been used for eighty years, that is always safe, always useful. By its use the death rate has been under one per cent., and the average duration but eleven days; no re-

Digitized by Google

lapses, and no evidence of contagion. Those of the profession who wish for more light as to to the preparation of mercury above alluded to, will be furnished with a full and detailed history of its preparation and use, by

Lincoln, Mass. W. W. KIDDER, M.D.

We wrote for "more light" and received the following:

DEAR DOCTOR TAYLOR:—The preparation of mercury above referred to is not a chemical, but a mechanical combination, having the same proportion of pure metallic mercury as the "blue mass" of the dispensatory. This is triturated with and protected from oxidation by the following ingredients, which are selected with reference to the different sections of the primae viae and contiguous organs, so as to insure a gentle but efficient stimulus to the whole secreting system. This compound cannot be prepared extemporaneously by the pharmacist, as it requires sixty hours continuous trituration. It has been prepared for me, for the last twenty years by Messrs. Parke, Davis & Co., of Detroit. The composition is as follows:

℞	Hydrargyri purisimi,	85 lbs.
	Podophyllin,	8 "
	Sennae pulv.,	36 "
	Ext. belladonnae,	8 "
	Ext. conii,	8 "
	Ext. nucis vomica,	2 "
	Aloes (socot.),	72 "
	Gambogiae,	8 "
	Copaibae,	16 "
	Ext. juglandis,	16 "

M. This mass is then made into one grain ovoid pearls, perfectly sugar coated and unchangeable.

W. W. KIDDER, M.D.

[The Doctor says that this formula has somewhat of a "shot-gun look." Yes, but not more so than some of our established pharmaceutical preparations. May not this be considered an improved mercurial mass? As such it may fill a very useful place. We suppose that the Doctor gives it to the point of producing the desired number of evacuations in typhoid fever, and that the profession may obtain supplies of this preparation from Messrs. Parke, Davis & Co.—Ed.]

CONTRIBUTORS, particularly on typhoid fever, please remember that tympani*tis* is an inflammation of the tympanum—the middle ear; while tympani*tes* is a distention of the abdominal walls with gas.

The Woodbridge Treatment.

Editor MEDICAL WORLD:—I arise to say "Amen" to Dr. C. E. Scott's article, p. 361, September WORLD, regarding Woodbridge's treatment of typhoid fever. Since the spring of 1895 I have used it, and have never had any cause to regret it. When first I began its use every physician in my locality used every method of ridicule possible to keep me from using it; but feeling assured that it was the best treatment, I continued, and to-day its then most severe enemies are loud in its praise. During the summers and autumns of 1895 and 6, I treated no less that fifty well developed and, to my mind, unmistakable cases of typhoid fever, by that method almost exclusively, with only one death, and that in a man who on the 10th day, being clear of fever, arose from his bed and went to the table and ate a mess that would have been risky for a well man to eat. He relapsed into a malarial form of fever, with intense jaundice and tympanitic bowels, and he died from hemorrhage from the bowels on the 7th day of relapse. In all cases of typhoid fever, per se, I feel the same degree of assurance of success that I do in a simple case of 2d day chills; and that almost invariably in from 8 to 15 days.

I also wish to further testify to its merits in pernicious malaria (what we call congestive chills here). I use number one every 15 minutes until free purgation is produced and the skin is moist and patient feeling drowsy; then I feel secure. Would be almost willing to guarantee no shake next day. Will report one case in line. Carrie H., aged 14, had 1st chill on eve of Sept. 3d. Was delirious, skin blue and cold, yet thermometer in mouth registered 105°; pulse fluttering, very weak, and about 130 or 140. Complaining when aroused of awful pain in stomach, bowels and limbs. Vomiting frequently of bile. Gave to quiet her three grains acetanilid, four grains soda salicylate and one grain caffeine citrate at a dose, then three 2-gr. calomel powders, one to be given every second hour; salts or oil in the morning if needed; then five grains quin. sulph. and three grains acetanilid every three hours until chill time was past.

Was sent for again on the 5th. She

Digitized by Google

had the chill and I thought she would surely die ere reaction could be brought about. administered ¼ gr. morph. sulph. and atropia $\frac{1}{150}$ gr.; after she became quiet I took her father out and explained her condition to him, and told him frankly that I felt sure that another paroxysm was certain death; and having just received my first lot of Woodbridge's tablets, I told him that I would use them, but told him that if I was to call every physician within ten miles, not one would justify me in my course, but I was willing to risk the consequences. He studied a moment and said: "I will leave her in your hands."

I put her on No. 1, one every 15 minutes for 20 hours. I returned home, but went again to see her two hours before chill time. Found her with a cool, moist skin, tongue cleaning off, and bowels moving freely of very offensive greenish-black discharges; but she was feeling perfectly easy. No chill. Recovery uninterrupted save a slight salivation. The father came out to see me off the next morning. Tears of gratitude stood in his eyes as he grasped my hand and said: "Doctor, that treatment is pretty rough, but I tell you she is a daisy." And I thought so too. Since that day in '95 I depend on it, feeling secure in assuring the patient that he will get well, whether it is chills, malarial fever (continued), or typhoid fever. I have used it in membranous croup also, with brilliant results.

BERRY BOWEN, M.D.

Martin, Tenn.

Prevention of Typhoid Fever.

Editor MEDICAL WORLD: — I have been in active practice here ever since the close of the late war, and each year have treated more or less typhoid fever. Forty years ago, from its extensive prevalence in this vicinity, it was designated the "Hayesville fever." Various reasons have been assigned for its extra prevalence in this vicinity each year, chief of which is that the geologic formation, beneath which our water supply is located, is the loose shale rock, which favors the percolation of contaminated surface water into our springs and wells. I have long since been satisfied that the contagium of typhoid originates *exclusively* from the decomposition of *human* excrementitious matter, and that the poison is introduced into the system thru the medium of drinking water. Last season I treated twenty-five cases, all within a radius of four miles, and nearly every case was clearly traceable to the source mentioned. Now if my theory is correct, the remedy is a very simple proposition. The mortality can be reduced by reducing the number of cases. The number of cases can be reduced by keeping the water supply *pure;* that can be accomplished, in my opinion, at least as far as the typhoid germ is concerned, by abolishing the ground privy vault and substituting portable water-tight surface vaults. I suggested this to our state board of health last season, and they replied that "where corporations, thru their local boards of health, had abolished the ground vaults, *no* typhoid fever had since been reported." This proposition is certainly practicable, and if adopted I am satisfied would accomplish more than the volumes of theory, which are each year written upon this subject. In spite of the Woodbridge and all other methods of treatment which have been suggested, the mortality of this dreaded fever has been simply appalling.

I insist, then, that abolishing the ground vaults in every village and hamlet, and also thru the country, will lessen the number of cases at least 50 per cent., and the mortality correspondingly.

E. V. KENDIG, M.D.

Hayesville, O.

Typhoid Fever.

Editor MEDICAL WORLD:—I'll try and answer your questions as I see the truth, with all of Lord Bacon's guards against error up, as best I can. I might say, also, that I have no axe to grind.

Question first: How do you diagnose typhoid?

Answer: Be it understood that the symptoms of typhoid are so very variable that oftentimes the merest tyro can make a certain diagnosis at once, while other cases puzzle and mislead the ablest professors of clinical medicine, like Da Costa and Osler. The tongue is equally as va-

Digitized by Google

riable; it may present all aspects in different cases and during different phases of the same case. The typical tongue has a fiery red tip and edges and a coated centre. The fever often begins with headache. It has a morning remission and an evening exacerbation, the difference amounting to one or two degrees, being greater toward the last. The pulse is often slow as compared with the fever. This is important to know, as it is almost pathognomonic. Stools are offensive, and if noticed closely, slime and blood will often be found. Resistance to thirty to fifty grain doses of quinine daily for three to five days will aid greatly in ruling out malaria, as will, also, a microscope of a power of 500 diameters, as this will show the presence or absence of the plasmodium of malaria in the red blood corpuscle. Tympanites and soreness of abdomen are also helps. Epistaxis sometimes occurs, and is a sort of hint. Rose spots, if you are sure they are rose spots, are said to be pathognomonic.

Question second: Do you not know some so-called doctors that have a slovenly way of calling every fever that they do not understand "typhoid?"

Answer: I must say that I do not. I know of many, however, who call and treat typhoid cases for several other diseases, as for instance, typho-malaria, peritonitis, brain fever, dysentery, enteritis, diarrhea, bilious fever, etc., etc. Some have epidemics of "gastric" fever. The typho-malarial asinines are quite amusing in their surprise at first in seeing their quinine fail to reduce the fever; also by their adroitness, when symptoms more fully develop, in saying that "it has run into typhoid." When I read of cases of typho-malaria in the journals it really makes me sad. The poor M. D. is puzzled, and it becomes amusing when he quickly falls on typhoid treatment and says, "it is the only treatment that does any good." The temperature range may run in this disease from below normal (rare) to 109° F. (also rare). This is my experience.

Question third: Have you made any change in your treatment in recent years? If so, why did you change? What is the difference between your old treatment and your new? What difference in results?

This makes me love you. This is a noble effort to benefit your race without reward or price, and would never emanate from an ignorant man. I have changed gradually, radically, completely, because I greatly desired to avoid the loss of loved ones, friends and acquaintances, and dreaded the weeping and sorrows such deaths entailed. I used to be careful in giving cathartics for fear of perforation; used to stuff with milk toddy, eggnog, milk, etc., etc., for fear of weakness; gave no cold baths for fear their bronchitis would develop into pneumonia; gave antiseptics and turpentine.

I then had typhoid according to the old text books. My patients usually died of ptomaine poisoning. My mortality coincided, also, with the old text books, as did every other feature.

I now use what I call the four points treatment, which has yielded 85 consecutive recoveries and no deaths. I have not counted all as I have some convalescing. The treatment is as follows: A spare diet of weak coffee, half or one-third milk, and tea and tea-kettle tea the same, fresh clam broth, and nothing else. This is merely offered and never urged. Harmless antiseptics (benzo-naphthol and salicylate of bismuth will do); fearless catharsis (calomel, salts, podophyllin). Six or more good actions every 24 hours as long as fever is on; cold bath in a bath tub on the Brand style in water out of any well or pump convenient and given every three hours for fifteen minutes as long as the nurse's hand perceives fever. This cures all of them. The fever is under complete control in about four days, and the appetite is coming also.

Continue careful diet for two or three weeks after defervescence.

E. W. P. DOWNING, M.D.

Nassawadox, Va.

Editor MEDICAL WORLD:—I find in looking over the little article I sent you last month that you were kind enough to publish, entitled "Is it Typhoid?" that I failed to correctly express myself. Quoting from the article: "Some call it typhoid, typho-malarial, slow fever, etc., but it seems to me to be neither of

Digitized by Google

these." I intended to say, this fever seems to me to be neither genuine, typical typhoid, nor uncomplicated malarial.

I had at the time of writing that article, six cases, five in one family, and, with Dr. Lockhart, I am inclined to be skeptical as to the etiology of typhoid fever.

The six cases above mentioned, are all now convalescent, tho for a week one of them seemed to oscillate between the material and spiritual worlds. The temperature in these cases ran pretty high, from 102½° in the morning to 104° in the evening, one case reaching every evening for several days, 105°.

Five of the above cases were in one family and of one family, four brothers and a sister, all taken about the same time or nearly so, there being a week between the first and last. The sanitary state of environments seems as good as that of their neighbors. No other cases in the neighborhood. Being poor, four of them, two to the bed, occupied one small room, parents and nurses eating, sleeping, living with the sick. No new cases have so far developed.

Fever subsided in one case in fourteen days; in two, in three weeks; in one, in thirty days. All were treated pretty much on the same principles and, paradoxical tho it may seem, the boy with the highest temperature I did not esteem the sickest.

Heartily tired of the old do nothing plan of treatment in these fevers, I would hail with extreme pleasure and delight any remedy or method that would enable us to abort these fevers and reduce human suffering. When I go out on my little farm, and with a grubbing hoe, take up a stump that is in the way, I feel that I have accomplished something and am satisfied with my work; but when I visit a case of continued fever day after day, noting the progress of the combustion, realizing my inability to arrest the destructive process, or shorten its duration, I feel like exclaiming: "Aesculapius was an impostor and a fraud, and his disciples not far removed."

What may be said in favor of feeding the sick on ice from filthy, contaminated mill ponds? It is frequently done.

It is sincerely to be hoped that the near future will yield to us the secret of fever cure. We may never be able to get all of the diseases back into the mythical Pandora's box again, but may we not hope to learn how to subdue them when they attack us?

Allen, Md. J. I. T. LONG, M.D.

[Doctor, didn't you find some help in Sept. WORLD? Don't you find help in this issue? Your reflections and regrets were justifiable several years ago, but now doctors all over the country are doing the very things that you are wishing for. Imbibe the new methods of treating the class of diseases under consideration, try them, and see if you do not think that a new era has arrived.—Ed.]

Treatment for Typhoid Fever.

Editor MEDICAL WORLD:—In response to your call for reports on the subject of typhoid fever, I send you the following: Until five years ago I followed the symptomatic plan of treatment. But during the past five years I have pursued an entirely different plan, and with much better results.

When patient is first seen, which is usually near the close of the first week of illness, the temperature is usually 103° or 104° with severe aching of head, back and extremities. If typhoid fever is diagnosed or even suspected, treatment is begun at once with small doses of calomel, about ⅛ gr., with a little ipecac and soda, every two hours for 24 or 36 hours, or until four or five free evacuations of the bowels have been produced. For the next two or three days I give, every three hours, one of Dr. J. G. Truax's pills: salol, 1½ gr.; salicine, 1½ gr.; corros. sublimate, $\frac{1}{100}$ gr., as referred to by Dr. W. F. Rogers, p. 375, September WORLD. By this time, in most of my cases, the fever has dropped to 101° or 102°, the aching has subsided, the tongue has become moist and the patient feels much more comfortable. I now begin with drop doses of carbolic acid and tr. iodine every three hours, to be continued until temperature drops to normal.

In addition to this course of treatment, I make use of sponge baths and cold compresses to head and abdomen when temperature is high, and occasionally a

Digitized by Google

small dose of acetanilid to reduce temperature.

Since following the above plan of treatment I have had no fatal cases. A few cases have undoubtedly been aborted. Most of them have pursued a shorter course than when the symptomatic plan was followed. And in all, the fever declined after the first week. The tongue remains clean and the mouth moist; there has been no delirium nor hemorrhage and but little tympany. Diarrhea has not been troublesome and easily controlled by an occasional Dover's powder. I have frequently allowed my patients ice cream and never with any unpleasant effects.

I am aware that the treatment of a few cases of typhoid fever according to any plan does not prove a theory; yet my results with the above plan have been so satisfactory, that I would hesitate to change it for another. I have never tried the Woodbridge treatment, though I have witnessed its effects in the hands of others. Yet, so far as I have observed, their treatment has been no more successful than my own. However, the only objection I have to the Woodbridge treatment is the frequent dosage, which would seem to be very annoying to the patient.

Moorefield, O. E. D. MOORE.

An Earnest Expression on Typhoid Fever.

Editor MEDICAL WORLD:—In northwestern Pennsylvania we have a slow continued fever appearing generally from September to January, which runs a course of from two to ten weeks. We probably do not have as talented physicians here as exist in other parts. I am old fogy enough to believe that this fever cannot be "broken." The cases do not appear to be contagious. Often in the last 28 years I have treated single cases in families where there would be no other cases. I like the way Dr. J. W. Lockhart, of St. John, Wash., talks about this fever. When I commence to read that the writer has treated about a hundred cases and never lost any, I throw the journal as far as I can and say something that sounds like "damphool." Of what use is it to lie in an article that one writes for the benefit of his poor hard working brothers? If the good Editor of THE WORLD doesn't say anything, depend upon it its because he is too well bred; he thinks less of such a correspondent—a blowhard. If your patients die (and what doctor is there who does not lose patients if he does any business) say so. They will "go out with the tide," whether you use antitoxin, the Woodbridge treatment, or whatever else. Do the best you can, and the grave will claim enough.

I don't know what typhoid fever is. I know certain signs that accompany it, but I cannot always trace the cause of the fever.

To treat a case from the beginning and have it grow steadily worse, more delirium, higher fever, sicker and sicker until death closes the scene and the loved one is laid to rest in the quiet grave and the poor emaciated body all burned out until nothing but a skeleton remains! Does it not make a man feel little and small, especially when he has employed all those agents that the doctor used who "never lost a case?"

For years I have had such success that people have called me the "fever doctor." I rely on gelsemium and baptisia. Yet I have lost some, and I do not believe that typhoid fever can be aborted.

Warren, Pa. EDGAR D. PRESTON.

[Doctor, earnest, candid expression is what we want. Have you given the Woodbridge treatment a thoro trial? If not, will you not do so in your next case? Even those who do not use the Woodbridge treatment use more eliminants and antiseptics than they formerly did. Do you? Baptisia is a good antiseptic externally. Is it stable enough to be of value as an intestinal antiseptic? Does it correct the odor of the discharges as the sulphocarbolates do? We want to find the best treatment, and then we want all to have the benefit of it. Does Dr. Harris' article in this issue throw any new light on the subject, in your estimation?—ED.]

Contributors, your polite salutations and subscriptions, as "Dear Sir:", "My dear Doctor:", "Very respectfully," "Very sincerely yours," etc., which accompany articles submitted, are appreciated, though not published. Space is too valuable for unnecessary words. While we do not wish to discourage writing these, yet to save space we feel it our duty to cross them off before sending to the printer. We have never mentioned it before, and we hope that no one has felt hurt because these parts of his communication did not appear.

Digitized by Google

Typhoid Fever - The Business Side.

Editor MEDICAL WORLD:—The medical melange set before the WORLD readers in the September issue was a very interesting and helpful one. It embraced two principal themes: typhoid fever and the business side of the profession.

The articles on typhoid fever were comprehensive, and the crystalization of the advanced thought of the profession of to-day. With no desire to repeat or add to an already long list of remedies, let me say the treatment can be summed up in two words: elimination and asepticism; and if the physician will but keep these two principles constantly before him, he will not very much err in the selection of the agents to accomplish these desired ends.

The business side of our calling is too much neglected. Physicians as a rule are far better trained and skilled in the art of healing than in the collection of the renumeration therefor. Perhaps this is as it should be, but standing shoulder to shoulder with the sentimental side of our work is the business or material side. So far as my observation of doctors goes, the scramble for pelf is as great as the scramble for the "milk of human kindness." We hear much of the philanthropic nature of our calling, but it is no prostitution of the same to pay due regard to the increment of our waning dollars and cents. It is well for the doctor to be large hearted and willing to help suffering humanity, but will philanthropy feed, clothe, and educate the doctor's family? No. We must place a money value on our services and then collect the fee therefor. Educate the people to the point that if a man invests $1000 in a medical education it is his capital; his stock in trade, the same as if he invested the same amount in dry goods and placed them upon the shelves to sell at a profit. If the people use of our stock, in either case, the pay should be prompt and sure. If a merchant sells on long time in a town where every other merchant tries to do a cash business, the latter are hindered and annoyed so long as the former continues in business. So, if in our smaller towns there be one doctor who never tries to collect, and cheapens his services, it counteracts the business influence of two or three doctors who try to do business along business lines. We should place a fair and reasonable estimate on our services—and let me here add, parenthetically, that every community largely receives a man according to the estimate he places on himself. Then we must so educate our patrons that they will understand we have given them value for value, and when they do settle they will not do it with a patronizing air, as much as to say, "Well, here! You are a good fellow. I will make you a present of this money." Instill into them the idea that good medical service is cheap at any price, and poor medical service dear if given for nothing.

No iron clad rule can be laid down in making collections. You must study your class of patrons and all their surroundings. What is successful in the city may fail in the rural districts. If you do a city practice, and among wage-earners who receive weekly or monthly pay, render monthly statements; if in an agricultural district, it is not advisable to do so; for you will estrange would-be friends, and all will soon regard the practice as a perfunctory one—mere routine on your part. You can generally know when hogs, cattle and all farm products are to be converted into money, and then present your bill in a way that carries the conviction that you need it, and that it is not a sort of red tape way you have of doing business.

Don't employ any collecting agency or private collector to do your business for you. Do it yourself. When people go to the store they generally much prefer to do business with the proprietor rather than the clerk; and your patrons will be less likely to dispute your bill if you present it yourself; and if they do you can correct all misunderstandings and handle the matter generally far better than a third person can.

Don't run bills with the trades people and force them to patronize you in order to square accounts. How can you expect to bring the public to a prompt settlement of your bills if you don't set them the example? Besides, such practice is contemptible and indicates a small man. Be a man among men. Exemplify in your daily association with

Digitized by Google

the people all the manly and business qualities you would have them manifest toward you. One good result of having good business methods in your practice is, the dead beats will shun you and go to someone who does not try to puncture their pachydermatous exterior.

I have been very fairly successful in my collecting, as the WORLD readers will, no doubt, agree when I say that prior to the year 1893 I only lost from one and one-half to three per cent. of the volume of business done. I presume the brotherhood would be glad if I could point out the royal road that leads to such successful collecting, but there is no beaten path. Study your locality. I have been governed by the principles as given above, and see no reason why all doctors should not be business men. Owing to crop failures and general financial stagnation, there has been a slight falling off in collections since 1893, but they are getting better again.

In the discussion of this question I notice that several doctors give a pronounced political aspect to the causes of the falling off in receipts, and lest this be too one-sided, allow me, in closing, to interject the statement that a perusal of the letters on this subject in the September WORLD will show that this deficit occurred in greatest degree during the regime of the Democratic administration of 1892–96. You will look at this fact in the light of cause and effect, or a mere coincidence, according to political predilection. L. B. ALLEN, M. D.

Humboldt, Neb.

[That's right. Let us criticise parties. But let us also consider policies. During the last two administrations, and thus far in the present one, our financial policy has been the same. Pres't Harrison's administration gave us the McKinley tariff law. This extended for about a year and a half into Pres't Cleveland's administration, but our hard times began early in Pres't Cleveland's administration—before there was any opportunity for any legislation by the new administration, and much more than a year before the Wilson tariff law was enacted. The present administration has given us the Dingley tariff law, but our hard times have been continuous during all these tariff changes, excepting that just at present we are receiving abnormal benefit from short crops abroad. What will be our condition when foreign crops become normal again?—ED.]

"How are Your Collections?"

Altho replies to our questions under the heading, "How are Your Collections?" in August issue continue coming in, we can make room this month only for those that are already in type, left over from last month. We present them here together as follows:

Editor MEDICAL WORLD:—Having kept an accurate account of all patients treated, as well as of all earnings and expenditures for the last 30 years, I am able to answer your questions in August WORLD correctly.

1st. Collections are at present very bad all over the state of Nebraska.

2nd. My statistical report (as inclosed) for 1883 to 1893 shows 7,856 patients treated during ten years; they averaged me a *cash* income of $3.15 each. For medicines, books, journals, instruments, etc., I expended $3,673.30 in ten years. Only 10 per cent. of my earnings were charged to the dead beat list. Auburn is the county seat of Nemaha county, Nebraska, which county has a population of 15,000, contains 360 square miles, has nine villages and has, outside of Auburn, sixteen physicians (all allopaths). Auburn alone has eight; three eclectics and five allopaths. I prepare and furnish my own remedies; use mostly Lloyd's specific tinctures. I keep a day book and note down all I earn, whether paid or charged, giving each new patient a new number and a prescription number. All prescriptions are on file ready for a refill. At end of the month, I note down what I have earned, how many new patients I have had, and what sum has been paid in *cash* from that month's earning. In my cash book I note *all* cash receipts, including collections from old accounts.

My average cash per month for the last four years was as follows:

	1893.	*1894.*	*1895.*	*1896.*
Cash, 30 days . .	$67.53	$78.44	$61 73	$47.84
Collected	103 70	121.73	116.62	104.75
Total	$170 23	$200.17	$178.35	$152.29
No. of patients in the year	679	738	628	541

Digitized by Google

The earnings (my charges) for the last four years have been nearly the same per patient treated, viz: $3.76 each, but my expenditures for medicines, books, instruments, etc., had to be reduced fully one-third.

3rd. I have been in Auburn since 1870 and my best collections were made in 1887, 1891 and 1892.

4th. In 1895, 1896 and 1897 collections were the worst; in the last three months hardly any cash comes in.

5th. In this farming community all depends on the prices for grain and stock, and all produce has gradually gone down through the octopus power of trusts and combined capital.

6th. I send out my bills regularly September 1st and December 1st of each year. Seldom sue anyone; if not paid, after first gentle, then severe reminders, after three years patiently waiting, coaxing, etc., I turn the amount to the dead beat list.

7th. Altho all living expenses are cheaper than five years ago, I cannot afford the comforts a physician in good standing should enjoy, nor can I equip my family as becomingly, as formerly; all on account of inability of the farmers to pay their bills. As long as the free people of America will allow trusts and combined capital to dictate terms, we all will gradually go down to serfdom. Aristocracy will rule the peasantry, freedom, liberty and self-government will soon be obsolete words. Watch how you vote, dear reader. A. OPPERMANN.

Auburn, Neb.

Editor MEDICAL WORLD:—1. I collect cash in hand and within 30 days 12 per cent. of my earnings, and about 48 per cent. on accounts, which equals about 60 per cent. of my earnings.

2. In 1895 I collected about 65 per cent.; 1894, 70 per cent.; 1893, 75 per cent.; 1892, 80 per cent.; which was (3), I think, the best in ten years.

4. March 1, 1896, to March 1, 1897, I ran behind, that is, I failed to collect as much as I expended, the shortage being 6 per cent. of my total earnings for the period. The earnings in that period were 15 per cent. greater than in any year since 1879, and 4 per cent. greater than 1879, yet the present value of these accounts is 15 per cent. less than at a similar time on accounts of any other year.

5. The slight improvements in the last four months are due to two causes: (a) Last year little or no hemlock was peeled and lumbering was dull. (b) Farming interests had sold short on sheep, hence had neither sheep nor wool; this year that cause is partly removed. Why bark was not peeled I refer to the Penna. Tanning Co. (leather trust), but venture to say there were three reasons: To make a panic last year, to boom times this year and to force lumber up.

6. I have put forth greater effort to collect this year. In fact, I take a sort of pleasure in telling a gold man that he has lots of money and I want some of it. I have two methods: (a) January and June I send statements to all parties whom I have not recently talked to, or whose circumstances I am so familiar with as to know it to be useless. On my ledger I mark dates of these, and about the third has some very plain suggestions; and I carry an indexed vest pocket memorandum with names and amount due. This I revise semi-annually. On meeting debtors I suggest payment.

7. I have always made it a point to live within my means and usually lay by something for a rainy day, failing only once (March, '96, to March, '97). I pursue about an even tenor, varying only in size of my nest egg, which as you may guess is a small one. I am very much pleased with your "Monthly Talks," and am very glad to note that they increase your circulation; I had feared the contrary.

To question 5. Of course, the main cause is contraction of currency and falling prices.

NORTH-WESTERN PENNA.

In reply to the questions asked in the August number of THE MEDICAL WORLD I reply as follows:

1. Collections are poor at this time.

2. They have been worse during the past year than at any time in the last ten years.

3. In 1888 and 1889.

4. In 1896 and 1897.

5. My practice is almost exclusively

Digitized by Google

among farmers. My collections are poor because of their inability to get much ready money. My success, financially, depends on the condition of the farmer. If he be prosperous, then I stand a fair chance of getting my money; but if the farmers have hard times, such as they have been having during the past few years, then the doctor must wait for his pay. Nor is it difficult, in my opinion, to find the cause of this depressed condition among the agricultural classes.

One of the chief causes is, that our volume of currency has not expanded sufficiently to keep pace with the demands of business. Our standard of value, the dollar, has increased in value; it is a 200 cent dollar. It requires twice as much of the products of the farm to buy the dollar now as it did twenty years ago. The dollar is twice as hard to get, but will it buy twice as much of the things which the farmer has to buy? Some things it will, many it will not. It requires as many dollars to pay the interest on the mortgage or the tax on his farm. He is supposed to pay just as much to his preacher, lawyer or doctor as he did when he was getting good prices. And we find in many lines of manufactured goods, of which the farmers have been large purchasers, that there has not been a corresponding decline in prices.

Another cause for the scarcity of money among the farmers is the result of our iniquitous tariff laws. More than 95 per cent. of the products of the farm are sold at free-trade prices and in competition with all the pauper labor of the world. True, we now have a tariff on wheat, but what does it amount to so long as we have millions of bushels for export?

Fully 90 per cent. of the products which the farmer has to buy are increased in price by reason of our protective tariff system. The farmer sells in a free-trade market and buys in a highly protected market. Is it any wonder that our farmers are hard up, and that the country doctor has up-hill work making collections?

The only remedies are those which better the farmers' financial condition. Increasing the volume of currency would lo this by making money plentier and prices better. The free coinage of silver would greatly help. The issuing of a paper money by the government directly to the people, and the abolition of national banks, would be a mighty good thing. Absolute free trade and a direct tax by which people would pay in proportion to their ability, would be a long step toward lessening the burdens of the agricultural and laboring millions. Then we doctors who practice in the country would have but little trouble in making our collections.

6. Yes. I just keep everlastingly at it and take anything the farmer has to spare: hay, corn, oats, berries, apples, hogs, cows and a little money.

7. Yes; for while the per cent. of collections is less my total business is considerably greater.

I have no sons or daughters to educate, but if I had I fear they would have to wait awhile for that "prosperity" to return.

E. D. MOORE, M.D.

Moorefield, Ohio.

Editor MEDICAL WORLD:—There is no doubt that hundreds of physicians will answer, or attempt to, the seven questions you have asked in regard to "How are your collections," in last month's issue. As I have been practicing in this city since January, 1885, I will try to answer them in as far as this locality is concerned.

No. 1. Not as good as formerly.

No. 2. Not any better than last year and in fact have been steadily growing worse for the past five years.

No. 3. From 1885 to 1890.

No. 4. During the last two or three years.

No. 5. I will answer this more fully further on.

No. 6. Yes, indeed I have, by presenting my bills promptly, and when I could not collect them myself, putting them in the hands of an attorney, and people have learned that if they employ me I expect my pay and expect it within a reasonable time. Of course, I am not bothered with dead beats very much.

No. 7. Only by cutting down expenses in comparison with poor collections.

Question No. 5 is the most important one, and no doubt will be answered very differently by different writers, living in

Digitized by Google

various sections of the country. 1st. "To what cause or causes do you attribute poor collections?" First and foremost in this locality to the overcrowding of the profession, and second, to reduction of wages and the small price of farm produce, and third, to the state laws that enable a man to own 40 acres of land and have it well stocked and his wife may be a millionaire in her own right and title and yet you cannot by law collect one cent of debt of this man. (This is free America, you know.) Now, how does overcrowding of the profession contribute to poor collections, some may ask. In this way. There are scores of men that when they owe one doctor find it cheaper to employ another rather than to pay up, and as the doctors are so numerous they can play this game almost indefinitely. Who is to blame for the overcrowding? The medical profession must answer this for themselves. It seems that most every M. D. that lives in a city of any note nowadays is desirous of becoming a member of the faculty of some medical college, and if there does not exist enough colleges for them all, more will be organized, so that our large cities all over the country are being crowded full of Medical Colleges, and of course, all are bidding for students.

As to the reduction of wages and low prices and the great number of men out of employment, etc., our worthy Editor has answered more fully than I am able to in his monthly talks. As to how these growing evils are to be rectified so that physicians may be able to collect their bills and get a fair living share of this world's goods, each doctor must study out for himself.

Elroy, Wis. F. T. FIELD, M.D.

Editor MEDICAL WORLD:—My replies to your leader in August number are as follows:

1. Very poor.

2. With last year about ⅔ less; with 1895, ½ less; with 1894, ⅓ less; with 1893, ⅓ less; with 1892 a little more.

3. Of recent years, 1895.

4. 1891.

5. To the sale of patent medicines by druggists, and theatrical exhibitions to advertise the same. People try to doctor themselves, and call in a physician when at death's door or near it. The profession is hopelessly overcrowded. In this village of 1500 or 2000 inhabitants there are four doctors, with about half a dozen more coming in daily from outlying districts. A young doctor, when he starts, builds an imposing looking house, sports fast horses attached to a fancy buggy, runs hopelessly in debt, and induces thereby other young men to crowd into the profession—cobblers, fishmongers *et hoc genus omne*. It is the same in other callings; if a man starts a vegetable business and begins to do well, others rush in and destroy it for themselves and everyone else, and so on.

My soul recoils at the bare notion of suggesting a remedy.

6. My best patients do not need being presented with bills; when convenient, they come and pay more or less promptly. To others I send bills after a reasonable time; some pay, others do not. I refuse to attend the latter when called on again. Some who pay well when the bill is moderate, when it rises beyond bounds call in another doctor the next time.

7. No. I cannot afford to take my wife for a day down the river, nor to think of giving my sons and daughters (if I had any) a superior education.

Rhode Island. HEIGH-HO!

Editor MEDICAL WORLD:—I send answers to your seven questions under the caption, "How are your collections?"

1. Nil, nix, nit, nearly.

2. Since 1892 they have grown smaller by leaps and bounds, until now they are nearly nil, nix, nit.

3. From 1867 to 1877.

4. 1897.

5. Lack of money among the people. Remedy—an immediate and large increase in the circulating medium—a circulation that circulates; better still, universal coöperation.

6. No use to attempt to "get blood out of a turnip," and especially a whole nation of turnips.

7. No. "Why not?" answered in No. 5.

Stewart, Tenn. R. H. BAYLOR, M.D.

Editor MEDICAL WORLD: "How are collections with us at this time?" Had the good Lord an especial spite at us poor "saw bones," he couldn't allow

Digitized by Google

them to be worse. Now a dollar is harder to get than it was just before 1873, to collect fifty dollars. Business is good, so far as "booking" is concerned, but where the difficulty comes in to-day is to collect your money. Immediately after the war money was plenty in every one's pocket, and the doctor never expected to lose a dollar, scarcely, as "dead beats" were almost wholly unknown. Work was to be had for everybody; mechanics at from $5 to $7 per day, cash on the spots and all common laborers at $2.25 to $2.50 per day, and no dicker or store orders, but "good, clean greenbacks" were plenty and enough to pay the tens of millions of head and hand workers.

Produce commanded from four to five prices of to-day, but everybody had the cash to pay down for his wants, however high the cost. It was far easier to pay a doctor's bill of a "V" a visit then, because the debtor had a pocket full of greenbacks, than it is for him to pay one-fourth that sum, with an empty pocket and no work to be had at any price.

The farmer prospered, the laborer was always employed at big wages, and could afford to spend money like water, because it came surely and payingly; they all patronized the merchant, the manufacturer and the professional man, and it was far easier to pay honorably big fees and prices then than to "dead-beat it," as millions are compelled to-day to do.

Then everybody had plenty of money and put it where it did the most good to insure permanent prosperity and happiness. Then we had not a set of professional "freaks" in the editorial sanctums, earning their living by writing of the needs of confidence for the "*coming of prosperity*," as we find in every monopoly-bought paper of to-day.

Prosperity to the doctor and all the Union was a thing tangible and not a myth, as it surely is to-day. Why is it so? can any answer? Surely the doctor of to-day does as much hard work as thirty-three years ago, but it is harder for us to pay fifteen to eighteen cents cash a bushel for corn for our horses, to-day, than it was in '65 and '69 to pay $1.25 to $1.40 for it, as collections are so *bad!* BAD!! BAD!!! with the average doctor.

Looking over one's books to-day and seeing scores and scores of once "gilt-edged patrons" now on the "no-good" book, put there by something or other beyond their own will or power, one is forced to ask, why is it? how came it?

It is not so with all, of course, but too much so for an accident, is it not? Some doctors are more fortunate, but where one is so, a score are in the bad-collection hole, all over the land.

A. C. MACHETTE, M.D.

Bourbon, Ind.

General Debility—Replies.

Editor MEDICAL WORLD:—The terms general debility, adynamia, prostration, etc., are in common use. They are not the names of diseases, but of symptoms. In every case it is the physician's part to ascertain the causes of the weakness and remove them.

This sounds as if it were easy, but it is sometimes quite the reverse. Commonly enough there is found a multiplicity of causes that may be the prime factors, and only a patient elimination of one after another will show which is the most important.

A young lady entered my private hospital some time ago, with profound debility. She had to be carried into the house. She was emaciated, anemic; sleepless and delirious at nights; with widely dilated pupils; devoid of appetite and nauseated at the mention of most foods, and if any but the simplest articles in very small quantities were given her, she would vomit. She was constipated, and the stools were dark and offensive. The history showed hysteria, verging on mental derangement, with exhaustion from the incessant physical activity common in maniacal cases.

Physical examination showed the lungs and heart to be sound. The abdomen was collapsed, so that the beating of the aorta could be seen thruout its course below the diaphragm. The contraction was somewhat more marked along the large intestine; the whole abdomen was tender to palpation, and considerable pain followed the use of an enema.

Examination of the urine showed it

Digitized by Google

to be of high specific gravity, scanty in amount, and the microscope showed some pigment masses, which accounted for the smoky hue. Excretion of solids was deficient.

The uterus was enlarged, the right tube swollen and tender, and from the uterus came an offensive discharge.

There was hyperesthesia of the entire alimentary canal and of the genital apparatus.

Now, here was an assemblage of symptoms that could be accounted for by any one of several hypotheses.

First, malaria; as shown by the pigmented serum, and the fact that every week she had a "crisis," with debility and an aggravation of the symptoms, and a subnormal temperature; the thermometer registering about 100.2° every morning and somewhat less in the evening, at other times. There was, however, no apparent enlargement of the spleen. I have once or twice known of malarial cases showing a subnormal temperature at weekly intervals, and in one there was also no splenic enlargement.

The patient was given quinine, and it required 25 grains in each 24 hours to affect her ears. She improved somewhat, and the weekly crises ceased. But she was not cured; and her temperature remained at 99°, with very little diurnal range.

The next question was as to her stomach. It was evident that the hyperesthesia was a neurosis, as she took without any difficulty any quantity of quinine, arsenic, etc., though she drew the line at sweet mixtures, which she would not take. What food was retained was digested, as shown by her stools. The latter were offensive even when she took no albuminous food, animal or vegetable. Somatose was given as a medicine, in large capsules, up to 100 grains per diem. By the use of bovinine, zwieback, toast, raw white of egg in lemonade, and such other articles as she could be coaxed to take, we managed to obtain a very gradual but steady improvement in her strength. But she would not retain more than a limited quantity of food, and if this were exceeded she would vomit. The matters vomited were neither sour, decomposed nor bilious, the vomiting being of nervous origin.

The distaste for albumen was extreme; the starches being relished best of all foods. Fats and sugar she refused utterly; milk and all its derivatives aroused her disgust.

The stomach and bowels were apparently contracted, as shown by palpation and by the small quantity of liquid that could be forced into them by swallowing or by enema. I have several times found the colon contracted, so that it could be felt from without as a tolerably firm band; but it was not tender, as in this case. This lady had an attack of "peritonitis" and salpingitis following confinement two years ago. What has been the result it would require an exploratory incision to determine, and this I am to perform as soon as her strength has been sufficiently restored.

In a somewhat similar case there was no discernible signs of disease until one of the ovaries was laid open, when there was found a small collection of very offensive pus in the centre. The lady's health improved so rapidly when this had been removed that it was evident that her ailment was due to the presence of this pus. It seems likely that in the present case a similar state of affairs will be found.

While I am not very fond of operating, and detest the devotees of the "fame and fee" system of surgery, I am not one to hesitate in such a case, where a woman's blood is being poisoned by a septic purulent collection. There is a so-called conservatism that is simply rank cowardice.

The above is a fair illustration of the class of cases that come to my sanatarium. We never, by any chance, get an easy case. Sometimes the physician says frankly that he is tired of the case or has "run out of soap," and dumps the patient on me. But few comprehend the advantages in diagnosing and treating difficult cases obtained by having the patient living with you, where his peculiarities can be noted hourly. Many men are unconscious of habits of eating that are detrimental to health until they are told of them, and if asked if they do not eat too little, too much, too fast, or of an improper selection of food, will stoutly deny the accusation until it is

Digitized by Google

proved. One man affirmed that he was properly omnivorous until shown that in two days' time not a morsel had passed his lips except meat and coffee. He had not noticed that he was limiting his diet in this way, and was with difficulty convinced that the headaches and itching of the legs and anus were really of uricemic origin.

If Dr. Scott (page 361) waits for the rose-spots before diagnosing his typhoid cases, he loses the best time for administering his intestinal antiseptics. The earliest symptoms are aching of the bones, especially at night, the patient turning from side to side restlessly for the sake of a moment's ease; the abdomen swelling after a meal, with a sense of profound debility and a tendency to cold sweating; the rest broken by dreams, incoherent or disjointed, that gradually tend to begin before consciousness is suspended by sleep. Fatigue occurs from slight exertion. Some abdominal distress is manifested, and this is increased by a laxative. Then the typical tongue can be recognized before the spots appear. As to gurgling in the right iliac fossa, this can usually be produced even in persons who are quite well.

It is pretty safe to attribute such cases as Dr. Long describes, on page 368, to the action of the typhoid poison, and to treat it accordingly. But very often these so-called atypic typhoids are really filth-fevers, and the water of the family well should be examined, while the house and surroundings are put in a hygienic condition. And here again I will say that people will go to a great deal of trouble and expense to correct imaginary defects in the plumbing, when there are collections of filth right under their noses which they do not see.

Dr. Scott doubts (page 372) the efficacy of nitro-glycerin in Bright's disease. So do I. But in the interstitial form of nephritis, with tense arteries, hypertrophied heart and deficient elimination, this is our best remedy. There is no apparent reason why nitro-glycerin should be of value in desquamative Bright's, the ordinary form, because in it we do not find vascular tension, to be relaxed. On the contrary we do find good and sufficient reason for increasing the pressure in the renal arteries by cardiac tensors, so as to wash out the debris obstructing the uriniferous tubules, and allow of free excretion. The numerous natural waters that have been exploited as cures for Bright's disease owe their efficacy to the water; which, if freely drank, flushes the urinary passages. Milk owes some of its value to the water, some to the milk-sugar, which has diuretic properties, but mostly to the exclusion of other food, by which the kidneys are afforded as much of a rest as can be obtained for vital organs.

Dr. Boswell (page 373) fails to see why a drug that favors uterine contraction, like quinine, should cause hemorrhage. Quinine is a protoplasmic poison, and in same rare instances it gives rise to general hemorrhage by its action upon the blood. In such individuals, and in them alone, quinine may cause post-partum hemorrhage as well as any other form of bleeding. Or, if the contractile power of the uterus is exhausted by over-stimulation could we not have hemorrhage resulting?

Dr. Rogers' formula for typhoid fever (page 575) gives the patient each day 8 gr. each of salol and salicine, ½ gr. of corrosive sublimate, and from 12 to possible 64 gr. of ammonium salicylate. That so moderate a dosage of intestinal antiseptics should "materially shorten the duration of the fever," speaks well for the system. But I trust that Dr. Rogers may see his way to going a little farther with us, with more efficient antiseptics in bolder doses.

Dr. Bennett has given us a new use for resorcin. This valuable production has a remarkable combination of powers, being astringent, antiseptic, antipyretic and antirheumatic. If it also removes the craving for alcohol and the depression following its disuse, the question arises, whether this is a peculiar property of its own or one shared by resorcin with the other antiseptics. I trust Dr. Bennett will tell us something more of this matter.

Dr. Hinton (page 379) takes it somewhat to heart that his advocacy of viburuum as an improvement upon ergot has not commanded more attention. Just ask yourself, Doctor, how many have had the chance to read your article, and how many really have read it, for

many a journal goes into the waste-paper basket without the cover removed. There are very few medical journals whose coming is looked for anxiously, and which are read from cover to cover with interest, as is our MEDICAL WORLD. And then think how many other articles have divided the readers' attention with yours, and you will see that if you have really found something that is better than the old way, you must simply be eternally pounding it into the consciousness of the profession if you expect it to take. For at least ten years I have been preaching intestinal antiseptics in typhoid fever, and yet to very many the Woodbridge treatment comes as something new.

Dr. Schaefer (page 388) has assuredly a case of cerebrial anemia from defective circulation. Let him give sparteine, from half to one gr. daily, as the best heart-tonic for the aged; and the iodide of arsenic, $\frac{1}{67}$, gr. four times a day, to favorably affect the nutrition of the heart and arteries, and check the progress of the atheroma, and possibly inducing absorption of some fresh deposits. The diet should be highly nutritious, and artificial digestants should be used freely. Finally, I have seen cases where similar symptoms were much relieved by freeing the bowels from accumulated feces.

Dr. Milstead (page 388) will find no local application for eczema more efficient than the ointment of red oxide of mercury, made as strong as the patient's skin will bear without undue irritation. Follow with ichthyol ointment, or resorcin, one part to nineteen of lanolin.

Dr. Jones' case (page 388) of periodic epistaxis is very interesting. Give the boy the lacto-phosphate of lime, 15 gr. daily, during the intervals. When the first sign of the approaching hemorrhage occurs, change to the chloride of lime, from 20 to 60 gr. daily, and keep the bowels freely open by the use of saline laxatives. Do this every time the bleeding threatens, until it has ceased to occur. Otherwise it will not be many years before the hemorrhages will occur from the bronchi instead of the nose, and pulmonary consumption will result. Were it not for this, it would be wise to increase the tonicity of the nasal mucosa by applying chromic acid or formalin solutions; but as long as the hemorrhages tend to recur, they cannot come from a safer source than the nose. If the hemorrhagic "molimen" is strong, aloetic purgatives would be better than salines.

WILLIAM F. WAUGH, M. D.
103 State street, Chicago.

Belladonna Poisoning.

Editor MEDICAL WORLD.—On August 29th I was called some eight miles into the country to see a family of nine persons, ranging in ages from five years to sixty, who were suffering from some malady the messenger was unable to say what, except that they were "all crazy." I suspected some trouble brought on by poisoning, so went as well prepared as possible. When I reached the home there was a condition of affairs it had never before been my lot to see. Some were wild and delirious, some trying to climb the walls, some chasing imaginary images in the form of snakes, rats, men with guns, ghosts and wild animals of all descriptions. They complained of great dryness of the throat. Their pupils were widely dilated; they could not see well. They were all trying to talk. They did not seem to notice those around them. Their minds were entirely engrossed with their hallucinations. Some had convulsions. They would laugh, then scream with all their power. Some would place themselves in the attitude of prayer. The pupils were greatly dilated. No reaction. The pulse was high and tension strong; the heart sounds were loud. The abdomens were much distended. Some passed urine quite frequently, others did not. The bowels did not seem to take on any abnormal condition. I saw them at 8 o'clock, and the above condition continued until 6 o'clock in the morning. Then the delirium began to subside.

My mode of treatment was first to empty the stomachs by emetics, and for this purpose I used sulphate of zinc. After the emetics had worked well, I began the use of morphine by injection, and rectal enemata of castor oil in warm coffee. This line of treatment was continued with each one, resulting in recovery of all. One peculiarity was that the

older ones showed signs of improvement first, and it was noted that proportionately as the age was advanced the earlier the improvement began. As the excitement gradually subsided the patients improved; rational answers to questions were given, altho they had a staring appearance and seemed to be unable to realize what had happened. Sleep came, and in from one to three days all had recovered sufficiently to be up and around. The source of the poisoning originated in some dried berries becoming mixed with coffee; all partook of this drink at the dinner hour and were taken sick in from one to three hours.

EDWARD ERSKINE, M. D.

Rogers City, Mich.

[Where did the berries come from? Belladonna is not indigenous to this country, altho it will grow freely here when planted. The berries were very likely belladonna berries, but it is strange how the family got them unless belladonna has been raised in that vicinity.—Ed.]

A Clinical Hint About Water.

Editor MEDICAL WORLD:—I beg to submit to the readers of THE MEDICAL WORLD a short report of a case that may prove of interest and value, and set some of them to thinking.

Some months ago I was called to see Mr. J. E., aet. 42, who was suffering from severe hemoptysis. He was a man of good personal and family history and of exemplary habits. While at work he was attacked by severe pain in chest followed by vertigo and copious bloody expectoration. The blood was at first dark and clotted but gradually became light-red and increased in quantity. I adopted a plan of treatment consisting of the internal and external measures ordinarily resorted to in such cases. The patient steadily grew worse. He lost more and more blood. His pulse was rapid and thin, his color whitish-blue. As a last resort I determined to apply the "moist pack" advocated by Winternitz and others. The pack was applied in the manner to be described later on. One hour afterward the expectorated blood began to look dark and thick. It decreased in quantity. Within six hours the hemoptysis had practically ceased. A second attack which the patient suffered about two months later was promptly checked by an application of the moist pack. Last week a third attack was nipped in the bud by the same method.

This case illustrates the value of a hydropathic plan of treatment which is as efficient as it is strictly scientific in character. Considering the little attention that is ordinarily paid to water as a therapeutic agent, I wish to present in these lines the technique of the so-called "moist pack" as a measure of cardinal virtue in private practice. Let me premise the subject by a brief consideration of the underlying physiological principles.

If cold water is brought into contact with a certain area of skin, the vasomotor nerves respond promptly and cause the blood-vessels of the exposed area to forcibly contract. The blood-current is crowded back into the vessels of the contiguous structures. The skin looks anemic or even blueish. As soon as the action of cold ceases, a forcible dilatation of the blood-vessels takes place. The blood rushes back into the depleted vessels with increased vigor and quantity. A condition of hyperemia is the result. This is what is known as *reaction*. The more intense was the effect of cold, the more decisive is the reaction. The interesting physiological experiments of Winternitz, Schuller and others have conclusively shown that such a reaction may increase the quantity of the blood-volume to the part to six times the normal amount. If the application of warmth is continued, reaction is likewise kept up, causing the vessels of the skin and subcutaneous tissues to remain dilated and overfilled with blood.

These facts, and their ultimate effects upon the circulation at large, are at the bottom of the action of the "moist pack" as a therapeutic measure. The moist pack is applied in the following manner: A number of thick woolen blankets are spread upon a sofa, lounge or bed. Over these a linen sheet, wrung out of cold water, is placed. The patient lies down upon it and is snugly enveloped in the moist sheet. The head remains free. After the patient has been wrapped in the sheet he is covered with

Digitized by Google

the woolen blankets, each blanket being handled separately and wrapt around the patient so that the moist sheet is entirely inaccessible to air. This is the complete moist pack.

In our case the pack was only applied to the lower extremities up to the hips for reasons which will be apparent in a moment. What was the effect of it in our case? The cold sheet contracted the blood-vessels of a large area of skin, i. e. from the feet up to the hips. A momentary anemia of the skin was the result. In a short space of time, however, the moisture of the sheet assumes the temperature of the body. The warmth being retained by the thick covering of woolen blankets, a continuous reaction affecting the whole surface of skin which is covered, sets in. The blood-vessels of the covered area are dilated and an immense amount of blood is drawn there.

It stands to reason that in the case of a moist pack being applied to the extremities, the enormous increase of blood-supply, which is twice, four or even six times the normal quantity, must cause a relative anemia in some other part or structure. If the lower extremities are thus hyperemic, it is the circulation in the trunk that must necessarily be affected. The circulation in the upper part of the body is lessened in quantity, the amount of the decrease being in proportion to the amount of blood-increase in the hyperemic portion. This is what hydropaths technically call the "derivating" action of the moist pack.

Its usefulness and ease of application make the moist pack a most valuable addition to the resources of medical science. Outside of the well known Priessnitz application to the neck, the moist pack is hardly known to the majority of the profession. Yet, it deserves to be better known and more extensively employed than heretofore. Its "derivating" action will determine its use in any given case. The most effective way of causing enemia of the brain, for instance, is a moist pack, applied to the whole body in the manner described. The intelligent physician will avail himself of such an action in a variety of conditions. Cerebral anemia being the anatomical state associated with sleep, it is not surprising to hear of the powerful sleep-producing action of the moist pack. It is a fact, that during the application of the moist pack, the patient, as a rule, becomes drowsy and falls asleep. The depleting action of the moist pack upon the circulation in the brain makes it a most desirable adjunct to the treatment of cerebral apoplexy. Schueller demonstrated this by trephining rabbits and applying heat or cold to the surface of the body. Through the opening in the skull he was able to see the contraction of the blood vessels of the pia when a warm water application was made to the body, to be followed by dilatation of the meningeal vessels when a cold application was made to the body.

I submit these physiological and clinical facts with a view of stimulating the readers of THE MEDICAL WORLD toward paying a little more attention in the future to the action and uses of water, which is, among the remedies at our disposal, the cheapest but not the least in value.

OTTO JUETTNER, A. M., M. D.
Cincinnati, O.

Veratrum Viride in Puerperal Convulsions.

Editor MEDICAL WORLD: — Every obstetrician is liable, at any time, to be suddenly confronted with a case of puerperal convulsions. If he has been engaged early to attend the case, and his patient has been kept under close observation, he will usually have some warning of the approaching trouble. Diminished urine, headache, disturbed vision, edema, will call for examination of the urine. If albumen be present, intelligent treatment is called for.

Whether as a scientific fact, puerperal convulsions be due to uremia, to the presence of paroxanthin, or to possible hysterical conditions, it is nevertheless true that in more than nine-tenths of all cases of puerperal convulsions the kidneys are at fault and there is albuminuria. Exceptions to this rule are so rare as to be notable.

In many instances, however, the doctor is not engaged beforehand. His first knowledge of an expected confinement may be a hurry call, sometimes to go a long distance with no defi-

Digitized by Google

nite knowledge of what kind of complications he is to meet. He is liable to be called to a stranger already in convulsions, with no satisfactory history obtainable, and perhaps no assistance within reach. It is no time for delay and he must be prepared to act at once. A convulsive explosion may occur in the course of an apparently easy and normal labor, or may set in at some time after the labor is over.

In all such emergencies it is well to be forearmed and prepared to act according to some definite and well-defined plan. If labor has not begun, and if the woman be not near term, as a rule, I doubt the wisdom of inducing artificial labor. In the great majority of such cases I should not interfere. If labor has begun, hasten it. Post-partum convulsions must be dealt with *pro ne rata*.

Time was when the treatment was by bleeding, *coup sur coup*. Whether more were saved than were killed by this means, it is hardly possible to say; but the great mortality attending the blood-letting method does not highly commend this by-gone practice. Still, there are some eminent men to-day who assert that in their opinion blood-letting in severe puerperal convulsions would not be amiss, yet few of them have the courage to try it.

The drugs commonly resorted to are chloroform, chloral, morphia and the bromides, either singly or in combination. Few who use them do so with a confidence born of past success with them, but rather use them tentatively, as the most promising thing to be done under the circumstances.

I think we can do better. From some experience and some opportunities for observation, I am fully convinced that the one reliable thing to use in puerperal convulsions is veratrum viride. A preparation of known strength should be used, and for this purpose the recognized Norwood's tincture is probably as good as any.

A little more than thirty years ago, Dr. Herbert Fearn, of Brooklyn, read a paper before the Kings County Medical Society, in which he stated that in a case of puerperal convulsions he had given nearly a dram of Norwood's tincture of veratrum viride, and the patient recovered. It is putting it mildly to say that his statement was received with incredulity by the members of the society. Some of the older members bluntly gave it as their opinion that no person ever took such an amount of the active drug and recovered.

It should be remembered that at that time green hellebore was considered to be one of the most powerful and dangerous drugs in use, and that it was considered rash and unsafe to administer more than three or four drops of the tincture. Even to-day, the official dose of the fluid extract is set down as from one to three minims, and of the tincture from two to five minims.

Dr. Fearn's story was so astounding that few had the temerity to imitate his example. In Brooklyn a few used the drug cautiously in unusual doses, and were agreeably surprised at the recovery of some unpromising cases.

Several years later Dr. E. S. Bunker administered over 500 minims in a single case of convulsions, partly by the mouth, but in the main hypodermically. The woman recovered.

From being used more in this city than elsewhere, the treatment by veratrum viride has sometimes been called the Brooklyn method. Increased experience with veratrum always begets increased confidence in it.

It should be given by the mouth if the patient be conscious and the stomach will tolerate it; otherwise hypodermically. The *dose* should be from 10 to 30 minims of Norwood's tincture, repeated half-hourly or hourly, as judged best, until the pulse comes down to normal, or a little below, and the convulsions cease. It is useless to expect any marked result from the little official doses, timidly given. The drug should be pushed for all it is worth.

Do not be alarmed at the drenching perspiration, and the appearance of profound prostration—almost collapse. Experience shows that the patient will rally.

A medical friend of mine recently made a thorough search through the literature of green hellebore, and was able to find only a single recorded case of death from it, taken either accidentally or given in overdose as a medicine. In

Digitized by Google

this respect it is far safer than aconite, with which it is commonly classed. The latter is undoubtedly one of the most dangerous drugs in common use.

I have seen deaths from puerperal convulsions where chloroform, chloral, morphia and the bromides have been used, but rarely when veratrum viride has been freely used in season, and fearlessly pushed. One or two drams may be sufficient, but, as I have shown, there is precedent for using an ounce or more if needed. BENJ. EDSON, M. D.

83 St. Mark's Ave., Brooklyn, N. Y.

Saline Solution Subcutaneously for Cholera Morbus.

EDITOR MEDICAL WORLD:—Not long since I was called in consultation to see a case of cholera morbus in an adult who had previously been robust and healthy. Found him with temperature sub-normal, pulse 150, vomiting, and bowels moving every few minutes, cold, clammy perspiration, almost moribund state. I advised subcutaneous injections of a normal saline solution, which I administered to the amount of one-half a gallon inside of two hours. This, with hypoderms of morphia and atropia, and later, hypodermic injections of strychnia, one-twentieth grain, soon brought about reaction. The change for the better was soon noticed after injecting the saline solution; the pulse improved, the body warmed up, breathing improved, and the patient expressed himself as feeling improved. I report this case for discussion and to ask those who have similar cases to try it. R. S. MARTIN, M. D.

Stuart, Va.

Cinnamon Water as a Dressing.

Editor MEDICAL WORLD.—The limited use of cinnamon water as a dressing for wounds caused me to give it an extended trial in my Bellevue clinic. The strength of the solution used was eight drops of the pure oil to a quart of water. This solution was used to syringe the parts and was applied to the dressing by the patients at home. In all minor surgical cases of recent wounds (tested in hundreds of cases) it can certainly be relied upon to take the place, fully, of that mal-odorous drug, iodoform. In burns of the first and second degree it never failed. The same with infected wounds. The dressings were changed every other day.

Case I. Nellie G. received a severe lacerated wound of the wrist, severing both radial and ulnar arteries. A soiled towel was at once applied as a compress. After ligating the arteries, the wound was cleansed with the solution of cinnamon, and the patient instructed to keep the dressing constantly moistened with the same. The treatment extended from April 3d to June 15th. Result, cured.

Case II. Bridget K. severely burned on the right shoulder and one-third the distance to the elbow. The dates in this case are wanting. Writing from memory, the time consumed in this case was about three weeks. The patient pleaded very earnestly for a salve, but with much persuasion was induced to continue the treatment, with a most satisfactory result. Should any of your great army of readers have an untried agent which they wish tested, I will be pleased to use it for them and report. In conclusion I would say that I intend trying the oil of peppermint and gaultheria. F. SOPER, M. D.

444 W. 43d st., New York City.

Vomited a Tapeworm.

Editor MEDICAL WORLD:—Dr. H. F. Koehler's tapeworm story is a good one. Permit me to tell another: A few years since I treated a woman for tapeworm. I gave her ol. tig. followed with a good dose of castor oil. A day or two after taking the oil she appeared at my office all smiles, and greeted me as follows, in a happy tone of voice: "Vell, vat you dinks! I pass dat vorm mit de udder end. I buke it out." And it was the truth. She was engaged baking bread, and as she stooped to open the oven she vomited the worm over the kitchen floor.

Lansing, Iowa. J. W. DAVIS, M. D.

Examination of Elbow Joints.—For Torpid Liver, etc.

Editor MEDICAL WORLD:—If you are called to examine an injury at the elbow joint, fracture and dislocation being suspected, and swelling interferes, you can reduce this by use of the rubber roller bandage, starting at the fingers and carrying it up to the shoulder. Leave it on

for fifteen minutes, then begin at the hand and remove to a point above the elbow. You will find the swelling all driven out. Place the elbow in as near a natural position as possible, with the arm flexed, and don't forget that the ulna should be pressed outward so that the humeral end is clear, and that it lies parallel with the radius when the palm surface of the hand looks upward.

For torpid liver, I know nothing that is superior to nitro-muriatic acid diluted one to three parts of water, and rubbed on with the hand until dry from side to side on a line with the short ribs twice a day for a few days, and then once a day. It produces quite an irritation of the skin. The bile is freely discharged. Always use some vegetable purgative, also, such as equal parts of fluid extract black root, dandelion, senna, burdoc and red clover and into this put nitrate of potash ten grains for each dose. Give this fifteen minutes before meals in a cup of hot water.

The sulphide of calcium is most excellent in all forms of indigestion, dyspepsia and bowel disorders where fermentation exists and a disinfectant needed. It is also excellent in all forms of boils, eruptions, skin diseases and for suppuration. I used it successfully (one grain tablet four or five times a day) in a case of catarrhal suppuration of the rectum of long standing. Always give it on an empty stomach.

If you have to remove any foreign obstruction in the nose, place the finger on the side that is not obstructed and blow forcibly into the mouth.

Wingo, Ky. I. A. WESSON.

One Way to Collect a Bill.

Editor MEDICAL WORLD:—I was much amused at Dr. W. S. Cline's predicament with his patient near Woodstock, Va. If he will follow the example of the lawyer in the accompanying story, and the law allows him to do so, he will get even with his ungrateful patient.

The story runs, that there was a very miserly, but rich man, who to save legal fees by consultation at the lawyer's office, used to invite his solicitor to his house to dinner, and while at dinner would ask him many legal questions, all of which, of course, were for his own benefit in the management of his own affairs. This thing went on so repeatedly that the lawyer became suspicious, and therefore on his return from each dinner party he would make note of all the questions that were asked, and every time that his opinion was given he made the usual charge for the same. At the end of the year he sent in his account, giving day and date for every opinion and the subject. He immediately received a check for the amount from his client, and by the next mail received an account from him, categorically reciting each dinner that was given him for which he was duly charged, also for all the wines that he drank, and cigars. The lawyer paid the bill without a word, and then laid information before the proper authorities against his client for selling victuals and liquors without a license according to law. The informer received half the fine which was very considerable, and thus obtained his fees indirectly by informing against his client.

I therefore suggest that Dr. Cline follow the lawyer's example.

GEO. A. BAYNES.

Sioux City, Iowa.

Tobacco and Tuberculosis.

Editor MEDICAL WORLD—Regarding the use of tobacco, tho it could be shown to be true as suggested by Dr. Sneed in the June number of THE WORLD, that users of tobacco are largely exempt from the ravages of tuberculosis, yet it does not necessarily follow that the use of tobacco is to be generally commended; for I think it quite probable that tobacco itself kills more people in other ways than it saves from tuberculosis.

As to Dr. Howard's suggestion in August number that the use of tobacco aids digestion, it is doubtless true that a man addicted to the use of tobacco has better digestion with his accustomed allowance than he would have should he be suddenly deprived of it; but I do not believe that tobacco users as a class have better digestion than have the non-users.

A man in health needs no drug to secure a movement of his bowels nor to aid digestion. A man who cannot live comfortably a day without drugs is not

Digitized by Google

a well man. Tobacco is a drug, a narcotic. A person addicted to its use cannot live comfortably a day without it, hence cannot be said to be well.

While it is possible that tobacco users are not so liable to tuberculosis, I believe they are more liable to cancer, liver disease, nerve disorders, rheumatism and heart disease than are the non-users. I do not believe that carefully collected, impartial statistics can be produced to show that tobacco users as a class are either longer lived or in better health than are the non-users. My conviction is that the reverse would be shown to be the truth.

I will try to write you more fully on this subject in the near future, and to give you a treatment which I have found successful in the cure of the tobacco habit, which I regard as a serious disease; also some thoughts on tuberculosis.

E. CHALLEN SCOTT, M. D.
Maxwell, Iowa.

The Climate of Southwest Texas for Tuberculosis.

Editor MEDICAL WORLD.—Thinking that possibly those among the many readers of THE WORLD who are interested in a suitable place to send their tuberculosis patients might like to hear from this part of the "moral vineyard," and realizing the many advantages we possess over other parts of the country, I will say:

First. We have an altitude, here at Comfort, Tex., of over fourteen hundred feet above sea level.

Second. We have a dry climate; the very kind consumptives must have in order to improve.

Third. We have mild winters.

During the summer we have a pleasant breeze nearly all the time and consequently the nights as a rule are pleasant. We are about one hundred and fifty miles from the gulf. So it will be readily seen that we have a most desirable climate for consumptives or anyone debilitated from disease, overwork, or from a weak constitution. This is a great place for children to spend the summer months, as they escape cholera infantum and all such diseases.

We have health-seekers from all parts of the Union, and improvement is invariably the case when they come in time. I came here for my health (was suffering from the effects of la grippe), and am free to say that I have made satisfactory improvement. My wife was in bad health also; but she is improving. I write this article hoping that it may be of some benefit to suffering humanity.

O. M. PATTERSON, M. D.
Comfort, Tex.

Cured of Consumption.

Dr. W. F. Ball, of Mantua Station, O., writes that in 1851-2 he contracted a dry, hacking cough, with morning expectoration, had chills and hectic fever for months; cheeks crimson in centre while face was pale and yellowish; also loss of flesh and strength. A physician made a thoro examination and diagnosed tuberculosis. Said he could "only ease him down to the grave." Two other physicians were consulted and they predicted a fatal termination within six months. In the meantime he had grown constantly worse; breathing was labored, night sweats were weakening and expectoration was profuse. As time went on he grew thinner and weaker; his hands were so thin that no X rays were needed to reveal the bones of the hands.

At this time an old Canadian doctor visited his father. The doctor says: "He examined me very thoroly, and told my father that there was only one way to save me, and he feared that I would not do my part. But after talking to me for some time, he said to me, 'young man there is only way to save you from the grave, and that requires you to do much of the treatment yourself. Will you put forth all your energy to aid us?' I told him I would, for my father was a methodist minister, and he preached so much about hell fire and the miseries of the damned, that I thought I would do all I could to save a trip perhaps to those regions.

"He then showed me how to elevate my shoulders and throw them backward so I could get more air in the lungs, and how to press down on air to fill every air cell not diseased. I was to take a tablespoonful of rye whisky and a fresh-layed egg three times a day, or oftener if it agreed with my stomach. He made up

Digitized by Google

some simple remedies from spikenard, blood root, etc., but I think they were of but little use. He directed my whole body to be bathed daily and thoroly rubbed.

"Days went into weeks and weeks into months before I could note any change, and then noticed that I could draw longer breaths without pain. Did not breathe so short; cough did not last so long, and was frequently followed by large quantities of offensive matter, after which there would be a whistling sound of air in lung for a few days. The burning fever had left me, but I was still only 'skin and bone.' But, to make a long story short, in time I was restored to health and vigor.

"The real cure in my case was the faithful following of the following directions:

"I was to sit up in bed and throw shoulders up and backward, and fill the lungs with air to their utmost extent until pain would warn me to stop; and then press down on the air to make it fill every cell. The closed cells which were sealed by adhesion, so that they could not be opened were thus surrounded by healthy cells; and the diseased tissue would suppurate and be thrown off. It worked exactly as he told me.

"I have practiced these inhalations for over 40 years, and I can now, at the age of 62 years, expand my lungs to such an extent as to increase my chest measure five inches, and I never have a cough to trouble me.

"Having studied medicine and practiced that profession for the past 39 years, I have made it a rule to teach my patrons with weak lungs this mode of inhalation, and have been convinced that every case which is not too far gone with tuberculosis can be saved by this mode of lung exercise, and that it is a sure prevention in all cases so predisposed. It should be taught to all classes through the press and in our schools."

Constipation.

Editor MEDICAL WORLD:—A tablet composed of nux vomica ext., podophyllin resin, belladonna ext. and aloin, ⅒ grain of each, is the best treatment for the average cases of long standing constipation that I have yet found. The tablets should be taken before or after each meal, and if the effect is too strong direct the patient to take half a tablet, more or less, never skipping a dose at the regular time.

These tablets are very convenient, but I feel that I could suggest an improvement, something after this fashion:

Ext. belladonna . .	gr.
Strych. sulph . .	gr.
Podophyllin resin . .	gr.
Aloin	gr.
Pulv. ipecac . .	gr.
Pulv. capsicum . .	gr.

M. To make one tablet.

Possibly the cure of constipation does not depend so much upon the formula we prescribe as upon the giving of a mild laxative at frequent intervals, in quantity just sufficient to promote one or two evacuations per day, which the patient should be directed to make early in the morning, and, if necessary, also in the evening. C. E. BOYNTON, M.D.

Los Banos, Cal.

Migraine.

Editor MEDICAL WORLD:—Definition: Periodical headache, usually starting on one side af the head; sometimes affects both sides; frequently accompanied by nausea and vomiting.

Causes: Frequently hereditary; anemia, disturbed digestion, ovarian and uterine disorders, excessive mental labor, loss of sleep, eye strain, emotional excitement, worry, sexual excesses, masturbation, use of tobacco and stimulants, and constipation are some of the causes. It is most common in women.

Pathology: The pathology is not as yet well understood. It usually affects the fifth or sixth pair of nerves, or both, also the tenth pair. It is now believed to be akin to epilepsy, and is an explosive lesion or nerve storm, which probably occurs in the cerebral cortex or primary sensory centres. [Dana.]

Symptoms: Attacks occur at irregular intervals; usually a day or two before, there is a feeling of malaise, occular disturbance, inability to control temper or to concentrate the mind on any one subject, or to study; confusion of ideas, etc.

The pain is of a sharp, shooting or stabbing character, and usually limited to the left side of the head, rarely on the right or both sides; occurs most frequently in the supra-orbital, frontal,

Digitized by Google

temporal or occipital regions. Nausea or vomiting may either follow or precede the onset of pain. The surface is very hyperesthetic, but the tender spots along the trifacial nerve are not present, as in neuralgia. Attacks often occur during menstruation. There is usually an intolerance to light, the patient seeking a darkened room. Sometimes the temporal artery is contracted, the face pale and pupils dilated, or again the artery may be dilated, the face flushed and the pupils contracted. Intolerance to motion, light and sound is characteristic.

Generally there is disturbance of the circulation, temperature and secretions. Among the symptoms less frequently present are hallucinations, vertigo, spasms of the facial muscles, partial paralysis of the muscles of the eye, and a slight degree of aphasia.

The attacks may last from a few hours to two or three days; but the average length of time is about twenty-four hours. Between attacks the patient may feel quite well.

Diagnosis is usually easy; family history, location of pain, periodicity of attacks, visual and sensory symptoms. The physician should not lose sight of the fact that the patient may have migraine and neuralgia or organic brain and renal disease at the same time.

Prognosis: Altho some cases are permanently cured, many others are not; but the attacks may be greatly limited and shortened by treatment. The attacks generally cease after fifty or sixty years.

Treatment: During the attack quiet and rest, acetanilid in whiskey, 5 gr., not more than twice; phenacetine, 8 to 10 gr.; morphia sul., $\frac{1}{8}$ gr., no more; ext. cannabis ind., $\frac{1}{4}$ gr., not oftener than every two hours, or fld. ext. cannabis ind., 5 gtt., the same; codeine, $\frac{1}{4}$ gr.; hyoscine, $\frac{1}{100}$ gr.; antipyrine, 15 to 20 gr.; caffeine, 2 to 5 gr., with benzoate of soda, 10 gr.; menthol, 5 to 10 gr., in hot water; bromide of potassium or sodium, 15 to 20 gr.; soda salycylate, 15 to 20 gr.; camphor monobromate, 5 gr. A full dose of chloral sometimes does good; also deodorized tincture of opium, 10 to 20 ℥., and ammonium chlorid, 10 to 15 gr. A tablet composed of acetanilid, camph. monobromid and caffeine cit., which is made by most of the tablet makers, I have found to be very useful.

Constitutional treatment: Look for reflex causes, examine eyes and nose, correct astigmatism and hypermetropia, if there be any; if there be catarrh or nasal hypertrophy, treat that. Children of neurotic families should be kept from excessive study or eye strain.

Among constitutional remedies I have seen more benefit from cannabis ind. than any other remedy. It should be given in the fluid ext., 5 gtt., or the solid ext., $\frac{1}{4}$ gr., from four to six times daily; it also gives good results sometimes combined with arsenic. Calcium sulphide, $\frac{1}{4}$ gr., four times daily, with either tincture of veratrum vir. or tincture of aconite, 2 ℥, t. i. d., often relieves for a long time; the combined bromides are very useful; iodide of potassium or sodium or valerinate of zinc often gives good results.

Above all, look out for constipation or autointoxication and uric acid diathesis, all of which should receive appropriate treatment.

Among the remedies of less repute may be mentioned digitalis, nux vomica, ergot, ferri lactate and redacti, arsenious acid, butyl-chloral hydrate, gelsemium, pulsatilla, passiflora incarnata, glonoin, belladonna and guarana.

FRANK LOMERSON, M. D.
Columbus, O.

DO YOU ever receive "duns" for subscriptions from publications that have continued your subscription without authority? You need never be afraid of receiving such from THE MEDICAL WORLD. You will not receive it regularly until you pay for it; and when the time for which you have paid expires, your subscription is always discontinued until you renew it, and send remittance therefor. This is the only business basis, and it is the most satisfactory basis for both you and us. Thus you avoid "duns," and we avoid trouble and loss. It is the best for long and mutually agreeable relations.

Now the long evenings are coming—can you do without THE MEDICAL WORLD as an evening fire-side companion? We will send it to you for the rest of 1897 for 10 cents; or free on receipt of $1. for 1898.

Send your subscription now. Don't wait till the rush in December. Old subscribers can send renewals now and at the same time request sample copies to be sent to any friends, whose names they wish to send us.

Digitized by Google

Quiz Department.

Questions are solicited for this column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication) will not be noticed.

The great number of requests for private answers, for the information and benefit of the writer, makes it necessary for us to charge a fee for the time required. This fee will be from one to five dollars, according to the amount of research and writing required.

To the WORLD Family: I have a case that concerns myself, and would like some help by private letter or through THE WORLD. I am forty-five years old, six feet two inches in height and weigh 250 pounds. Ever since I was fifteen years old I have had trouble with my back; and as I grow older it gets worse. During the spells I could not stand straight or turn over when down, without taking hold of something. The attacks would last about two weeks; then I would get all right—sometimes gradually, but generally in one night. Between spells my back was as strong as anybody's. I could do any kind of stooping work without inconvenience (was raised on farm); but during the the last six years, when I would have a spell, I could not sit up only by holding the weight of my body on my hands. Usually down about three weeks, but only about one week would be so I could not sit up. The last severe attack was the latter part of 1895. I had been down for a few days, when as I was going out to the privy, had my hands on my knees (could not walk any other way, could not walk with either canes or crutches) a pain struck me in the left testicle and shot up in small of my back, where the trouble is, and I dropped as though I had been shot; was completely paralyzed for an instant. I got up in probably a minute and went on as usual, the pain not lasting. In a couple of days I had a similar experience, only it struck the right testicle, but I did not fall. In a few days I noticed that the right epididymis was enlarged, and it has continued to grow until the present time; the head, body and all are enlarged. It is about the size of a good sized hen's egg. For several months I had a dull, heavy aching pain in it, but it don't bother me now unless I do a little extra walking. Several months after the right epididymis began to enlarge I noticed that the left testicle was becoming smaller—was perishing away. It is now only about half the size of the right, and soft. The only treatment that I have taken was pot. iodide and bichloride of mercury last summer for about six weeks, with no appreciable benefit. I had gonorrhea in the winter of '73-4; have had a slight stricture ever since until last summer, when I cured it by dilatation. I have never been past going since 1895, but my back bothers me all the time. Have read everything I could get access to, but cannot find anything that describes my case.

O. P. COLLINGS, M.D.

Thomas, Okla. Ter.

[Your earlier spells suggest lumbago. Have you been bothered with rheumatism of any other part? Have you taken anti-rheumatic treatment? The sudden pain in the testicles, combined with pain in the back, suggests the passage of calculi from the kidney. Read up thoroly in the standard works with these two suggestions in view, and take treatment accordingly. Drink water very freely with a view to washing out the kidneys, and add lithia if the urine is hyperacid. Wear a suspensory bandage to support the enlarged testicle, and paint it with tincture of iodine.—ED.]

Prostatic Irritation.

Editor MEDICAL WORLD:—There is an indifference or timidity among physicians in reference to diseases of the sexual organs, outside of those of specific origin. We see page upon page and many books written upon those diseases caused by the folly and weaknesses of humanity, but very little upon the sexual diseases of the upright. Think as we may, the happiness of the bulk of humanity depends to a great extent upon healthy vigorous sexual strength in both sexes. The plain truth is, that no man wants a wife who is sexually inert, and the wife wholly detests the man who is impotent or weak.

These conditions are the cause of many estrangements in married life, and should be corrected if possible. This is plain talk, but brethren we must do our duty and meet the emergency, if we would fulfill our calling.

I will report a case, and while I have

been making a study of these diseases for years and think I know something about them, yet I am after information, and I hope to hear from Dr. Waugh and a host of other good physicians thru the pages of this valuable magazine.

Patient, 45 years of age, general health splendid, with the exception of some nervousness and a tendency to constipation. Patient has had prostatic inflammation for several years. The irritation is worst along the floor of the prostatic urethra, and along the right side. There are frequent night erections, almost nightly for the past ten years, sometimes two or three times a night. These are often very painful and with very little sexual desire. Sexual desire is weak, and when the orgasm takes place it is very unsatisfactory. It is sometimes attended with a sharp pain. When the orgasm is satisfactory, which it occasionally is, the erections during the night are not so severe.

Patient never had gonorrhea, but several attacks of simple urethritis. There is no cystitis at present, but once or twice in the past ten years there have been attacks.

All kinds of treatment have been used without success; steel sounds, full size, have been used, but have seemed to increased the irritation and the erections; also sanmetto and other saw palmetto preparations; nitrate of silver instillations, thirty grains to the ounce; also, Mitchell's prostatic bougies; Waugh's preparation of aristol and europhen, āā grs. xl to the ounce of liquid petroleum, has been tried and at first seemed to do good, but finally failed. Surely there is a cure for this and I hope to get opinions and advice in the next WORLD

S. C. DRUMMOND, M. D.,
Columbus, O.

[Your nitrate of silver instillations were too strong. Try injecting a few drops of a half grain to the ounce solution into the deep urethra with a long syringe and gradually increase the strength up to three grains to the ounce. Give only one or two treatments per week. Relieve constipation and give general tonics if necessary.—Ed.]

Keep this before you until you send your subscription.

Treatment for Goiter Wanted.

Editor MEDICAL WORLD:—I would like information in regard to best treatment for goiter. Miss H., age 14, well developed, health has always been good. Has had goiter for a year. For last four months her trouble has developed quite rapidly. I have treated her for a little over three weeks with P. D. & Co.'s thyroid tablets, each containing 2 gr. thyroid. Begun with small dose and increased to three tablets a day by end of first week. Have kept this dose up for nearly three weeks. During the time of treatment her pulse ran from 100 to 104 per minute; mucus membranes congested; coryza for last two weeks. Face swollen. Menstruation profuse, and lasting nine days, recurring in two weeks. Patient eats well and sleeps well. The symptoms of melancholia and irritability of temper are not present. Cannot note any change in size of gland. What shall I do? DR. A. L. WALTON.

Sycamore, O.

Editor MEDICAL WORLD:—I have been a subscriber for THE WORLD for a number of years and have not troubled its pages much with my hard cases, but rather study them out with the help of my library and the files of THE MEDICAL WORLD, which I find a great help to me. I have a case of renal calculi in which I do want help, if help can be had. The case is a man 35 years old, who is well in every way except the one thing—gravel. That has troubled him for 10 years, and each year it is sacrificing more of his time. He is a poor man and cannot afford to lay idle. What shall I do for him?

Coventry, Vt. F. D. BADGER, M. D.

[We had a talk with Dr. Jno. B. Deaver about this case. The first question he asked was, is any blood in the urine after the passage of the gravel? If so, it would indicate that the concretions come from the kidneys, wounding the ureter in its passage. Examine the urine; this is much easier than to analyze the concretions. If the urine is alkaline, with an excess of phosphates, the concretions are probable phosphatic, and your remedy is one of the mineral acids, nitric acid being perhaps the best. But ten to one the concretions are of uric or oxalic acid, in which event the

urine will be hyper-acid, and the line of treatment indicated will be alkaline, lithia perhaps being the best. But it is of the greatest importance that the patient drink large quantities of pure water. Have him to make it the habit of his life to take a copious drink of water every one or two hours while awake (not at meal time) whether he is thirsty or not. Add lithia or nitric acid, as indicated, but the water is the most important. In this way the kidneys will be washed out, and the further formation of concretions prevented by the substances being held in solution and eliminated in the urine. There may be concretions accumulated in the kidney, the breaking off of which causes the "gravel." In this event, solution can hardly be expected, and a surgical exploration of the kidney may be necessary.—Ed.]

Editor MEDICAL WORLD:—I have taken THE WORLD constantly since '84, and this is the first time I have consulted the query department. Mr. H., age 63, consulted me some three months ago for two small growths in his penis. They are each ¼ inch in diameter and ½ inch long, of firm consistence. One is about in the middle of the penis, the other is 1½ inches nearer the body. They appear to be situated between the corpus cavernosum and spongiosum. They are of very slow growth and are slightly tender to the touch; in fact, cause but little trouble except mental. During erection they are much more tender, and cause a slight curving of the organ. The only trouble he has ever had is renal colic. There is no specific taint; has a large healthy family. His general health is good; rides a "bike" every few days. Never hurt the organ.

Will some of your specialists tell me what it is and what to do. I think they are lymphatic nodes, and have him on iodides locally and internally.

L. R. MARKLEY, M.D.

New Whatcom, Wash.

[This case was referred to Dr. JNO. B. Deaver, who says that he has frequently observed such enlargements in the penis, but that usually disappear after a few months, under treatment. They are usually due to enlargement of urethral glands; but in the above case the urethra may have been wounded by the passing of concretions. At any rate, Dr. Deaver believes the lumps due to inflammatory products, and he recommends the use of alteratives and absorbents, both locally and internally; an ointment of belladonna and mercury would be useful locally.—ED.]

Masturbation by a Married Woman.

Editor MEDICAL WORLD:—I come to THE WORLD for help in a case that has recently come to me for help. The patient is a married lady, has been married 12 years, and is the mother of five children. She confesses to having begun to masturbate two years before marriage, and to having kept it up ever since. She says that she does not have any pleasure in copulating with her husband, and never any desire for the act, no matter how much he may caress her; but says the desire comes on her during the day, and that the orgasm always occurs when she does it unnaturally. What can I do for her? She now says that she wants to quit, and enjoy things naturally; and I am at a loss what to promise her.

In bites of poisonous serpents I apply a saturated solution of permanganate of potassium to the wound, scarifying parts if much swollen, and give strch. sulph. to sustain heart. Have just dismissed a patient convalescent who was bitten by a copperhead on ankle.

S. J. BRIETZ, M. D.,
University of Pa., Class 1868.
Hamilton, Ark.

[We hope that some of our "family" will write to you direct, after which please report result of treatment suggested.—Ed.]

Masturbation.

Editor MEDICAL WORLD.—My experience leads me to believe that the preventive and curative treatment of masturbation, as brough up by Dr. Chambers in the August WORLD, deserves the earnest consideration of the best men in the profession. "Chastity," by Dr. Dio Lewis, and "The Transmission of Life," by Dr. Napheys—both of them popular rather than professional works—give about the only earnest information on

Digitized by Google

the subject which I have been able to find. A victim of the habit would doubtless require tonics, especially iron in some form. Bromides to quiet the nervous system might prove helpful. All stimulating foods and drugs should be avoided, the rectum and bladder should be kept empty and the mind constantly occupied. Dr. Lewis suggests the card method to assist the will. That is, the patient carries with him a list of words suggesting to him the most thrilling, the purest and the pleasantest incidents of his life. When the temptation to be "carnally minded" comes, the thoughts are to be concentrated on one of these written words and its associations until self-mastery is regained. Physical exercise to the point of weariness, and the cold bath, at least the local bath, daily, seem necessary to success. Of course, old adhesions and malformations where they exist must be corrected, and all friction from clothing must be avoided.

I trust the question will call out a deluge of truth that these few drops in the way of suggestion may be lost in the stream. Surely there is need of it.

O. E. WORCESTER, M. D.

Conaut, Fla.

For "Black Eye."

Editor MEDICAL WORLD:—For extravasation (Dr. Cunningham, page 337) use acid oxalic, gr. x, aqua dr.i. Apply solution half hourly for first two hours, then once every hour. Six to twelve applications will usually restore the worst case of "black eye" to a normal condition.

Dr. Blesh's article, page 379, with our worthy Editor's comments thereon, should be pasted inside the hats of all our legislators, with emphatic instructions to read t. i. d. ED. F. BOWERS.

Pittsburg, Pa.

Sure Cure for Sleep Walking.

Scatter tacks liberally over the floor just before retiring. See that the "business end" is up.

"World" free for the remainder of 1897 to new subscribers who send $1. now for 1898. Send immediately to be sure to get next issue.

A resume of the medical law of each state, and much other interesting matter crowded over till next month.

Current Medical Thought.

THE University of Medicine, Indianapolis, has departments of regular, homeopathic and eclectic medicine. Also students desiring to take instruction in other schools or systems of medicine are given ample opportunity under physicians graduated from such schools and now practising such system. Is this a step toward "getting together?" There should be only one "school of medicine," and that should be broad enough to include all.

STATISTICS show that the medical profession supplies 40 per cent. of the male morphine users, which is the largest proportion, after which follow men of leisure, 15 per cent.; merchants, 8 per cent.; while peasants, clergymen and politicians occupy the lowest position numerically on the list. Among the females addicted to the habit, the largest number, 43 per cent., are women of means, and these are followed in number by the wives of medical men, who make up 10 per cent. of the list.—N. H. Med. Review.

Headache Elixir, Non-Depressant.

Caffeine citrate	15 grs.
Ammon. carb.	15 grs.
Elixir guaranæ	1 oz.

Dose: Teaspoonful every hour until relieved.—Practical Druggist.

Safe Way to Give Strychnia.

Here is a new idea. When I prescribe strychnine I put the same amount of bichromate of potassium with it, say 2½ grains strychnine, 2½ grains bichromate potass., 1 pint water; dose, a teaspoonful before meals. Then if a mistake is made and too much strychnine taken, the effect will be to vomit from the overdose of the bichromate—dose equal to ⅛ grain. It does good, too, as an alterative and antiseptic.—WM. H. BURGESS, M. D., in Med. Summary.

THE American Pediatric Society is making a collective investigation of infantile scurvy as occurring in North America, and earnestly requests the cooperation of physicians, through their

Digitized by Google

sending of reports of cases, whether these have already been published or not. No case will be used in such a way as to interfere with its subsequent publication by the observer. Blanks containing questions to be filled out will be furnished on application to any one of the committee. A final printed report of the investigation will be sent to those furnishing cases.

[Signed]

J. P. CROZER GRIFFITH, M.D., *Chairman*, 123 S. 18th st., Phila.

WILLIAM D. BOOKER, M.D., 853 Park ave., Baltimore.

CHARLES G. JENNINGS, M.D., 457 Jefferson ave., Detroit.

AUGUSTUS CAILLÉ, M.D., 753 Madison ave., New York city.

J. LOVETT MORSE, M.D., 317 Marlboro st., Boston.

Committee.

It is said that the Queen of Portugal takes great interest in X-ray experiments, and caused the skeletons of her court ladies to be "taken." Such an alarming distortion from tight lacing was shown that the ladies have ordered looser dresses.

NEW YORK Medical Journal says the following application for erysipelas of the face is highly recommended: Carbolic acid, tincture of iodine, alcohol, 1 part each; oil of turpentine, 2 parts; glycerin, 3 parts. Mix. Paint the affected area with this liniment every two hours, and then cover the face with asceptic tarlatan.—Amer. Jour. Surg. and Gyn.

Rewards in the Approval of Conscience.

We will not trace the dreary incidents of the struggle. All wars are alike in the horror of their details, and those suffered most who had the least to do with bringing it on.

Gunpowder, for the first time, played an important part in warfare. At the battle of Crecy, cannons are said to have been used. They were made of wooden boards, held together by strong iron bands. Instead of iron balls they shot rocks. The cannons were quite effective, for although the rocks killed very few enemies, the noise those old wooden barrels made was so unexpected and so threatening that many a brave soldier found it impossible to keep his legs from turning him around and trotting him off home.

The battles of Crecy and Poitiers and Agincourt, won by the English with small forces, are celebrated in military annals, though they led to no permanent results. They merely belong to that long list of "glorious victories" wherein twenty or thirty thousand clodhoppers are killed, without any adequate cause, in order that half a dozen privileged and haughty "leaders" may win what is known as "distinction."

A thousand heroic "Sisters of Mercy" may defy danger, and in cities swept by pestilence nurse the sick, feed the hungry, soothe the dying—saving lives and saving souls with splendid courage and self-sacrifice; a thousand fearless physicians may prove nobly faithful to the highest duties of their calling, daring the plague which destroys all it touches, and patiently risking life that they may save lives—yet these saviors of humanity must find their rewards in the approval of conscience.

But let some ravenous monster, in search of "fame," put himself at the head of a parcel of cut-throats, and go forth trampling the fields of peaceful industry; pillaging towns and cities and churches; butchering inoffensive men, women and children, and turning the prosperous land into a blackened wilderness of ruin, and the poets, historians and novelists are all ready "to weave the chaplet" of renown for the ruffian who thus marches to success over the dead bodies of his fellow-men—From vol 1, of Thos. E. Watson's "Story of France."

Professional Liberality.

All graduates of medical colleges are eligible to membership in the Michigan State Medical Society, if only it is shown that they are legally qualified to practice medicine within the state, and are regarded by the physicians who know them best as being competent for their professional work and honorable in their relations to the laity and the profession—whatever the school to which they belong.

This action of the society was taken

Digitized by Google

after a committee appointed for the purpose reported that its present constitution, by-laws, and the code of ethics of the American Medical Association fully supported this view of membership qualifications.—Columbus Medical Journal.

THE following preparations were recently examined by the Massachusetts State Board of Health with reference to the percentage of alcohol contained in them: Ayer's Sarsaparilla, 26.2; Paine's Celery Compound, 21; Hood's Sarsaparilla, 18.8; Greene's Nervura, 17.2.—Indiana Med. Jour.

LET me give you a good gonorrhea remedy. So far as I know it is mainly original. ℞ Methylin blue, oil of santal, q. s. Mix and dispense in thirty capsules. Sig. Take three or four a day. The santal is all right, and whether the methylin blue has specific relationship to the condition or not, the blue urine constitutes a powerful moral factor. —Dr. W. C. Cooper, in Medical Gleaner.

Burial Places and Causes of Death of our Presidents..

1. George Washington died from a cold which brought on laryngitis; buried on his estate at Mount Vernon, Va.

2. John Adams died from senile debility; buried at Quincy, Mass.

3. Thomas Jefferson died from chronic diarrhea; buried on his estate at Monticello, Va.

4. James Madison died of old age; buried on his estate at Montpelier, Va.

5. James Monroe died of general debility; buried in Marble Cemetery, New York City.

6. John Quincy Adams died of paralysis, the fatal attack overtaking him in the House of Representatives; buried at Quincy, Mass.

7. Andrew Jackson died of consumption and dropsy; buried on his estate, the Hermitage, near Nashville, Tenn.

8. Martin Van Buren died of catarrh of the throat and lungs; buried at Kinderhook, N. Y.

9. William Henry Harrison died of pleurisy, induced by a cold taken on the day of his inauguration; buried near North Bend, O.

10. John Tyler died from a mysterious disorder like a bilious attack; buried at Richmond, Va.

11. James K. Polk died from weakness, caused by cholera; buried on his estate in Nashville, Tenn.

12. Zachary Taylor died from cholera morbus, induced by improper diet; buried on his estate near Louisville, Ky.

13. Millard Fillmore died from paralysis; buried in Forest Hill Cemetery, Buffalo, N. Y.

14. Franklin Pierce died of inflammation of the stomach; buried at Concord, N. H.

15. James Buchanan died of rheumatism and gout; buried near Lancaster, Penna.

16. Abraham Lincoln, assassinated by J. Wilkes Booth; buried at Springfield, Illinois.

17. Andrew Johnson died from paralysis; buried at Greenville, Tenn.

18. Ulysses S. Grant died from cancer of the throat; buried in Riverside Park, New York city.

19. Rutherford B. Hayes died from paralysis of the heart; buried at Fremont, Ohio.

20. James A. Garfield, assassinated by Charles J. Guiteau; buried at Cleveland, Ohio.

21. Chester A. Arthur died from Bright's disease; buried in Rural Cemetery, Albany, N. Y.—Mass. Med. Jour.

A Business Wife.

Some—a very few—wives of physicians are noted as business women. They are at the head and front of all mission movements made on behalf of the *pater familias*. Such wives are active church members and in social circles, and become members of all the women and children organizations within their reach, and do not once hesitate to say to the good sisters that it is a duty owed to themselves to employ Dr. Blank. One doctor's wife heard of, not only sought out the peculiar ailments of the women of her church and societies, but drummed them into her husband's office for physical examinations. Nor did she stop and restrict her labors to the church with which she affiliated, but neighbor

Digitized by Google

women were placed under surveillance, quizzed and coddled into seeking advice from her husband.

That women was a financial fortune to her husband. She knew every sick nurse with whom her husband came in contact. She carefully collated professional nurses' cards, and invited them to tea; she wanted to be personally kind to them, wanted to help them in getting cases, and as one good turn deserved another, the nurse was soon marshalled into her service as "tooter" for a man she called husband.—Cin. Lancet Clinic.

Janeway's Pills.

Aloes	20 grs.
Resin podophyllum	10 grs.
Ex. belladonna. alcoholic	5 grs.
Ex. nux vomica	5 grs.

Make into 20 pills.—Western Druggist.

Tonic Celery Compouud.

Celery seed	384 grs.
German chomomile	384 grs.
Gentian root	2 drs.
Wahoo bark	2 drs.
Angelica root	2 drs.
Catnip herb	4 drs.
Buchu leaves	4 drs.
Dandelion root	4 drs.
Calumba root	4 drs.
Wild ginger	1 dr.
Mandrake	1 dr.
Glycerin	1 oz.
Simple elixir q. s. ad.	1 pt.

Reduce the drugs to required fineness; percolate with diluted alcohol until 6 ounces of percolate have been obtained; add 2 ounces simple elixir; let stand twenty-four hours; filter, add glycerin and enough elixir to make one pint.—WM. HELMUTH, in Practical Druggist.

Don't's.

Don't pray unless you intend to practice.

Don't forgive yourself unless you can forgive your neighbor.

Don't fret, don't stew,
Don't worry the day through;
Don't pout, don't fight,
Be happy and live right.

Don't keep all your knowledge to yourself; others need help.

Don't be a fool or tool;
Be a man—you can.

Don't imagine you have nothing to learn.—Homoeopathic News.

Our Monthly Talk.

On the same principle that the shepherd leaves the "ninety and nine" to hunt for the one that has gone astray, I leave the many, many letters of praise and encouragement and publish below the two letters that are seemingly "on the other side." My mail clerks are instructed to show me every letter that comes containing the least criticism of our course. They usually show me the commendatory letters, also, but they are instructed *particularly* to place on my desk every letter that contains the least disapproval of the sentiments expressed in these monthly talks. While I highly appreciate the many letters of praise, I wish to again urge "the other side" to come forward freely and frankly. They will receive a cordial welcome, and very special attention. I sometimes wish I were a spirit, with power to visit all our thousands of readers and look deeply into the mind and heart of each one, and there discuss these questions. To those who are already convinced of the necessity of making important changes for the welfare and safety of this and future generations, and are imbued with a determination to help do it, I would say: "Bravo, good brother, embrace every opportunity to spread the light." Then I would hasten on, for I would take no time to tarry with the "converted." But with those who do not recognize the trend of events I would tarry a long time. While being willing to learn from them, I would endeavor to convince them that it is not well to debase humanity in order to enhance property; that ideas that were applicable a century ago may not apply now, etc. I would labor long and earnestly with them, pleading for the underpaid miner and his starving family, and the producers of wealth in general. Think of the irresponsible extremely wealthy, whose wealth is accumulating at an alarming rate at the expense of the producing forces! If I should fail to win them over, I would leave them with a smile and a "heaven bless you," hoping that I may have planted seed that in silent meditations might grow into great works for justice and humanity.

But now for the letters. They are brief, frank and honest Dr. E. N. Christopher, of Union, Broome county, N. Y., writes: "Enclosed find $1 to continue my MEDICAL WORLD. I had decided to let a free silver man take my place on your list, but I will try it for another year, then if the 'Monthly Talks' are continued, I am thru."

Thanks, Doctor, for both your frankness and your forbearance. Let me ask you if you carefully and thoughtfully read the monthly talks? Also allow me to ask you to do so during the year for which you have paid, for I must continue them. It would disappoint so many if I should not, and what is much more binding, I feel it my duty to do so. In the meantime, I will offer to publish in this department any real

Digitized by Google

argument of reasonable length that you may wish to send in favor of the gold standard. Perhaps your gold standard opinions are strengthened by the present low price of silver. Doctor, supposing a law were enacted closing the mills to wheat, and limiting its use as bread. Would not the price of wheat immediately and continuously decline and the price of the favored grain or grains as rapidly advance? Closing the mints to silver has diminished its price and enhanced that of gold. I will say, however, that in my opinion, silver is a passing issue. I hope so, for while we are settling this question, I hope we can do better than free silver. Any metallic standard, either monometallic or bimetallic, is unscientific and unsafe. As between a gold standard and a gold and silver standard, I will always favor the latter; but, as I have frequently intimated in this department, I hope we can do better than either. Paper money is the money of civilization, and metallic money is the money of barbarism. As to standard, every producer of wealth should be allowed to help make the standard instead of the gold miner, or the gold and silver miner, having this exclusive privilege (see our numerous references to the multiple standard). The multiple standard will give us a normal dollar; and under the operations of that standard the dollar will remain normal.

Dr. T. J. Jones, of Bevington, Iowa, is a new subscriber. In the letter which brings his subscription he says: "Don't let politics hurt it. A physician has enough to do without dabbling in politics. Remember the old man's saying to his son: 'If you want to be a man, keep out of politics.' Politics in Iowa are rotten."

Doctor, what would you think if physicians were disfranchised? Would you favor such a law for Iowa, or for the whole country? If such a thing were proposed I imagine that your opposition would be positive and immediate; yet that is what you advocate! The old man was wrong. If you want to be a man, be a man among men. Know the history and the government of your country, and don't be afraid, and don't neglect to act your part in making it better. Why are politics in Iowa "rotten?" It is because such men as you have turned your rights and duties over to men who abuse them. Are you satisfied with the results?

I had a talk a few days ago with a prominent and useful citizen who is a native of England. He advocated a limited monarchy. He said that our form of government is a failure. It is true that government by the people and for the people is progressing much faster in England than in this country. Injunctions like those issued recently in West Virginia and Pennsylvania against the oppressed miners would not be tolerated in England for twenty-four hours. The railroads are amenable to the law in England, while they either make the laws or are superior to the laws in this country. Local public utilities, such as gas, water, tramways, etc., are largely owned and operated by cities for the service of the people in Europe; while in this country they are generally owned by wealthy corporations and operated for private profit, the service to the people being a secondary matter. One of our citizens invented the electric telegraph; yet ours is the only country of importance in the world in which the telegraph is still operated for private profit. The only other such countries are Bolivia, Cyprus, Honduras, Cuba and Hawaii. This is the company we are in. All the rest of the civilized world has made the telegraph a part of the postal service, being operated at cost for the service of the people. One of our citizens gave the telephone to the world; yet our citizens have very little use of it on account of the exorbitant charges; while in Germany, Sweden, or even in far off New Zealand the charges are only a fractional part of what they are in New York or any other of our large cities, placing the telephone in those countries in the reach of average business men and house-holders.

Chauncey Depew says that this is "the most individualistic country in the world;" and the above shows the difference between the "individualistic" (synonymous with anarchistic) plan, its purpose being the piling up of great private fortunes, and the *mutualistic* plan, with the purpose of serving the people at cost, private profit being eliminated. Is it any wonder that our English friend prefers a limited monarchy, and considers our form of government a failure? Is it not time that Dr. Jones and all of his kind were taking some interest in our public affairs, and helping to relieve us of the odium of being the slowest country in all the world in these respects? Dr. Jones, would you not prefer giving a little of your time to the study of the principles of government, and do your duty in trying to advance public interest, than to be disfranchised? At present you are practically disfranchising yourself.

But the Doctor is a new reader of our monthly talks. We hope he will see things differently after a while. Who is to blame for politics being "rotten" in Iowa? What should be done with a "rotten" thing? Surely it should not be let alone to become a stench in the nostrils of the people. Doctors should know how to disinfect. Throw the light of information, intelligence and study on this rotten mass, and add a heroic patriotism, and the rottenness will disappear; but it will remain just as long as you refuse or neglect to disturb it. Dr. Jones, did you know that twenty-five of the most advanced countries of the world have a system of government savings banks—and that our country is not among them? Do you know how many millions of dollars the poor have lost in this country by the breaking of private savings banks? Are you acquainted with Senator

Butler's Postal Savings Banks bill introduced in the Senate a few days before adjournment? This would place absolute security in the reach of every citizen of this country, increase the thrift and patriotism of all who deposit their savings with the government, and make them more desirable patrons for doctors. Would you not rather treat the family of a man with a bank account than one without? Are you not called upon to treat many families that have no bank account? Do you ever get tired of it? When Congress reconvenes in December, will you write to your Senators and ask them to vote for the above mentioned bill? And when it gets into the House will you write to your Congressman to vote for it? The railroad interests, the banking interests, the telegraph interests, etc., are looked after by hired lobbyists. That is the reason that politics are "rotten." The people will have to begin to look after their own interests or they will continue being "skinned." Some seem to enjoy it, or don't know it. We can stop it. *When* shall we stop it? The Referendum will help us greatly. Are you willing to make an effort to get it?

Just at present there is a struggle all over the world between the anarchists at the bottom of society (the bomb throwers), and the anarchists at the top of society (the exploiters; those who govern courts, control city councils, legislatures and congresses by questionable means—Depew's individualists). In this struggle the law-abiding middle-class must come to the rescue, and see that proper laws are made; and that the laws are impartially executed against the rich and poor alike. Men of law and order, come forward and do your duty. Stop this bomb throwing, this exploiting and bribing, this assassination, both by daggers and pistols, and by preventible accidents, unhealthful working conditions for men, women and children, starvation wages, etc., killing by slow degrees.

Occasion for Thought.

Please give the following your earnest and patriotic thought: Over one hundred years ago our constitution was created by good and patriotic men. They were "wise in their generation," but they could not foresee the coming of railroads, steamboats, electricity, factories, etc., forces and combinations which have entirely revolutionized our manner of thought and living. Being unable to foresee these things, they were unable to provide for the immense changes that they have brought and the problems that have come with them. But thru the constitution as they made it, these men, dead many years ago, are still ruling us. This is sometimes called "the rule of dead men." Did you ever work hard for a law, and when it was at last passed and signed by the executive, afterwards learn that some judge decided it to be "unconstitutional?" Are you not tired of having the people's will frustrated in that way? Should not that have been known before? or better, should not our constitutions, both national and state, be elastic, to accommodate themselves to the ever-arising needs of the people? or still better, should not the will of the people be the constitution? Certain forms of direct legislation will accomplish this object, permitting the expressed will of the people by direct vote to stand above the decision of any court. No decision should be final except that of the people by direct vote. The old way was good in the old time, but it does not fit the new time. Shall not the people—the people that are living *now*—begin to rule? We see how things are trending by the old way. The people are not ruling now. Shall we do so? Have you raised your voice for Direct Legislation? It is fair to all parties. It was before the legislatures of about three-fourths of the states last winter, but was successful in only two. It was defeated in some States by the Republicans and in some by the Democrats. The Populists supported it uniformly, and I think the Prohibitionists also, particularly the new kind, which now call themselves the Liberty party. All parties should support it, and it should be brought to a speedy realization. The United States Constitution provides for a constitutional convention as one way to amend that instrument, but none has ever been called. After all these years should it not be done? Would you not like to see an income tax and direct taxation possible under the constitution?

Cause of Good and Bad Collections.

In the replies to the questions under the heading of "How are Your Collections?" nearly all say that 1891-2 were good years for collections. Do you know why? The price realized for our corn and wheat crop in 1891 was $1,349,911,939. The price realized for our corn and wheat crop in 1896 was $801,610,000. This means that our farmers had $450,000,000 less to spend in 1896 than in 1891. Need we look any further for the cause of hard times? Need we wonder that doctors' collections were good in 1891-2 and poor in 1896-7?

Yes, we should go one step further. We should ask why this great difference in the return to our farmers? Was it poor crops? No. Was it poor prices? Yes. What was the cause of the poor prices? Were there less people in 1896 to eat the products, or were they less hungry than formerly? The population has increased continuously, and no change in their appetites is reported. The simple fact is that gold, the material in which the price of our products is measured, became comparatively scarce, therefore dear; and when gold goes up it means that everything else goes down. It has become comparatively scarce because it is called upon to perform all the money functions that it and silver together formerly did. The supply of gold is constantly becoming comparatively less, because its pro-

Digitized by Google

duction is not keeping pace with the increase in other forms of wealth, and in population. The Klondike discoveries will do a little good, but they will not be nearly sufficient. It is now a part of the policy of the "gold bug" press to make much over gold discoveries. It is a pity that so many men will be sacrificed to the gold fetish during the coming winter in the frozen north. A century hence, when paper money will be in universal use in civilized countries, the histories will speak of the inhuman struggle for gold during the close of the nineteenth century. These will be sad and pitiful pages, but the reality that we are now going through is sadder still. Platinum is a more precious metal than gold, yet men do not go crazy over it. New finds of platinum do not cause abnormal excitement.

Do you see why the farmers do not get more money for their crops? Money they must have, for the law requires them to pay taxes in money, and to pay notes, interest, etc., in dollars. Dollars being brought up to higher value under the single standard, much more in products must be paid to office holders, whose salaries remain the same number of dollars, and to interest takers, holders of notes, bonds, etc. Much interest goes abroad, but it don't go in dollars, but in products. With appreciating dollars and depreciating products, the quantity of products required increases every year. The "gold bug" says; "But now we have dollar wheat again. The silver fanatics were wrong. Wheat has gone up and silver keeps going down. Prosperity is coming, and we will have good times again." Wheat has gone up because of short foreign crops. Will the foreign crops always be short and ours always be good? Can we be proud of a prosperity caused by adversity abroad, and necessarily temporary? We want a better and more permanent basis than that. We want prosperity, and permanent prosperity, even though the rest of the world should prosper also; and we should not stop until we find a basis for such. It may not be so good for the speculators, but it will be better for all the people. Don't be too sanguine about our present and immediately prospective prosperity. Calculations made indicate that our farmers will receive from $50,000,000 to $100,000,000 more for their wheat and corn crops this year than last; but about $400,000,000 less than in 1891. So the beauties and charms (low prices) of the exclusive gold standard will remain with us, but in slightly less degree. Next year if the foreign crops are average, where will prices go? Let us be thankful for the slight respite that seems now at hand, but let us not lose sight of the problem. Don't let such catch expressions as "honest dollar," "sound money," etc., befog your vision. Of course we all want an honest dollar, and sound money; but the goldites don't want the matter investigated. They say that the gold dollar is the only honest dollar; when as a matter of fact it is the most dishonest dollar ever created It demands "more! more!! more!!!" from the oppressed farmer who feeds and clothes us all.

A Republican Opportunity.

Under a resolution introduced in the Senate by Senator Butler, the Postmaster General is gathering information from various countries concerning postal savings banks. An item from Washington states that he is receiving letters from all parts of the country, farmers particularly, urging the establishment of postal savings banks in this country, and it is probable that in his annual report he will (as many postmasters general before him have done) recommend that Congress authorize the establishment of such banks. Now doctors, Republicans particularly, you have a chance to express your views upon this subject. Write, then, as a Republican, to the Republican Postmaster General, and they should receive attention. The realization of this and other things desired and needed by the people under a Republican administration will be a credit to your party, and help to keep it in power. I speak as a non-partizan entirely. What I want is the good of the people—the prosperity of all the people—whatever party may bring it about.

Is it Treason to Discriminate Against the Government?

In his reports, Postmaster General Wilson estimated the cost of railroad transportation of the mails, for an average haul of about four hundred miles, to be eight cents per pound. This exclusive of the handling and delivery by the employees of the Post Office Department. As the postal rate to publishers on newspapers and magazines (the second class rate) is only one cent per pound, it is easy to see that the government loses heavily on that class of matter. On that account great efforts have been made to increase the second-class rate of postage from one cent per pound to eight cents per pound. But it has been discovered that the railroads charge the government for carrying the mails much more than they charge private parties for similar service. For example, they must charge the express companies much less for hauling their packages, for they will haul fifty or one hundred pound packages from Philadelphia to Chicago, for example, much further than an average haul, for two and one-half cents per pound, including calling for the package, and delivering it any place in Chicago. But for hauling carloads of Uncle Sam's mail sacks they exact eight cents per pound! This looks a little like treason, doesn't it? But the worst case of discrimination comes to my attention to-day. Mr. Chas. Wood Fassett represents various medical publications at the meetings of various medical associations. I received a letter from him to day inviting me to allow his bureau to represent THE MEDICAL WORLD at the meeting of the Mississippi

Valley Medical Association, which meets at Louisville, October 5-8. He asks that two hundred copies (or more) of THE WORLD be sent, and the point I wish to call your attention to is the manner of sending. The following is quoted from his letter: "Do not send journals until you receive special labels, which will secure you an express rate of one cent per pound for any distance." Now, this is supposed to represent a profit to the express companies, for they are not in business for fun. If the express company makes a profit, the railroads must charge them less than a cent a pound for hauling from Philadelphia to Louisville, about seven or eight hundred miles; yet they charge the government *eight* cents a pound for hauling an average haul of a little more than four hundred miles! If the railroads were compelled to haul Uncle Sam's mail bags at the same rate that they haul express packages, we could have one cent letter postage, and a package post at about one cent per pound to any part of the country. Such unjust discrimination against the government and in favor of private corporations is what stimulates the sentiment in favor of government railroads.

Foreign Commerce.

Dr. J. J. Montgomery, of Luzerne, N. Y., writes as follows:—"I have read your answer in August number to Dr. L. B. Allen with great interest, but I fail to find out how this country would deal with other countries if we abolished both gold and silver as standards of value. Would not international agreement have to exist first, the same as it seems to be with postage stamps of the several countries?"

Doctor, I am glad you brought this question up, as it seems to bother many, and I want to settle it once for all. Money does not go from one country to another as money. When our gold goes to Europe it does not go as dollars, but it is weighed, and it goes as ounces of gold, just as sugar would go as pounds of sugar. In short, it becomes a commodity, not money. There is no such thing as an international money, tho I hope there will be some time. All our exchanges with foreign countries are by commodities; when our gold and silver go abroad they go as commodities, not money. Uncle Sam's eagle stamp, his legal tender clause, etc., do no good there. On the other hand, foreign money is not money here. Our exchanges with other nations are in products, not money; and products are worth their value, no difference what money you calculate in or what basis you calculate on. They command their value, whatever that is. To give a homely illustration, suppose the circulating medium in France where whet stones, and in this country, pitch forks. The products of France and of this country would exchange just the same. Not that their whet stones would come over here, nor our pitch forks go over there (only to a very limited extent, by brokers, for balancing up), for each medium would be worth the most in its own country. But the products of each country would go to the other to the full extent of the desires of the people of each country for the products of the other. The machinery of the exchange would be just as it is now. The value of each commodity would be calculated on the basis of its real value, first in the medium of its own country, and then translated into the other according to the exchange value, which is governed by laws of comparative values, and is never difficult to discover. For convenience, bills of exchange are emitted by dealers in foreign exchange, on the basis of the comparative value of the two mediums, each in its own country. Our money, of whatever kind, is worth in a foreign country just what it is worth here, less brokerage and transportation (brokerage usually includes transportation), but it must be remembered that our money is not money abroad. It is bought and sold (by dealers in foreign money) as a commodity, and its final basis of value is just what it will command, in commodities of any and every kind, at home. With paper money on a multiple standard our foreign exchanges would be conducted just as they are now. Gold and silver would be commodities just as they are now. Our money would go abroad just as much as it does now—no less and no more; it now goes abroad very little, excepting that our gold coins sometimes go, but not as money, but according to weight, as bullion. If we had only paper money, gold, silver, or some other desired product would go, just as now. There is this advantage in having only paper money. When gold coins go abroad they are melted up as bullion, and perhaps coined again by some other nation. Thus a part of our money is destroyed, and our circulation is contracted. Frequently our gold coins are melted up here in this country, for uses in the arts, and thus our "blood of commerce" is to that extent destroyed. Paper money would never be destroyed in this way. It would be exchanged for the products wanted, and then go on performing other exchanges in other hands. If this kind of money should go abroad it would always come back. It could not be melted up like gold and recoined into foreign coins. But wherever it might be, it would always be worth its value at home, less brokerage, just like our paper money now. If a French merchant wants to buy a cargo from us, he does not sends his francs over here, but he takes them to a money broker and buys a bill of exchange expressed in our money terms, and sends it in payment. Neither do we send our dollars abroad. Please ask more questions if there is any part of this subject that you do not understand.

I had the pleasure of spending a few weeks this summer at Lake George with President James H. Smart, of Purdue University, and other kindred spirits. Every day public questions were discussed long and earnestly. Whenever any one would say anything about

Digitized by Google

the importance of our money being in harmony with that of other nations, President Smart would say with earnest vehemence: "We don't exchange money with foreign nations, we exchange *products*." The fact is, our money is not now and never has been in harmony with that of other nations; and there is no necessity for it being so. As long as our people want the products of Europe, and as long as the people of Europe want our products, there will be foreign commerce, regardless of the circulating medium or the unit of value in this or the other countries.

☞ *Always have the "Monthly Talk," or parts of it, published in your local papers. Also contribute by your own pen to your local papers on these subjects. Let the light shine in every possible way.*

Our Library Table.

"THE PRACTICE OF MEDICINE" By James Tyson, M.D. Published by P. Blakiston, Son & Co., Philadelphia. Price, cloth, $5.50; 1184 pages. Nothing need be said about the appearance and the mechanical "get up" of this book, for the well known publishers have long ago established a high standard and they faithfully maintain it. It has not been many years since the average standard practice contained only about 500 pages and the price was about the same as for this book of more than double the number of pages. Truly medicine is a growing science. For example, Dr. Tyson speaks favorably of the serum treatment of diphtheria, but not to the exclusion of all other treatments. The first article in the book (29 pages) is devoted to typhoid fever, but, strangely, not one word is said about intestinal antisepsis in the treatment, and the use of aperients he considers dangerous. He advises the use of opium in cholera infantum. The etiology, morbid anatomy, etc., of each disease are well given, and the book is well illustrated. Practitioners should provide themselves with new standard works as they come out, and this is a good one; but, as above indicated, the current magazines are much ahead of the books on treatment.

"A SYSTEM OF GYNECOLOGY;" by many writers. Edited by T. C. Allbutt and W. S. Playfair. Published by The Macmillan Co., New York. Price $6, in cloth; 973 pages. This is a "solid" book all the way through, and deserves a high place among works of its class. It is the work of many contributors high in English medicine.

"MANUAL OF STATIC ELECTRICITY IN X-RAY AND THERAPEUTIC USES;" by S. H. Monell, M.D. Published by W. B. Harrison, 3 W. 18th Street, New York. Price $5, net, postage 35 cents; 614 pages. This is a timely book on a timely subject. The author makes a heroic effort to rescue static electricity from the neglect and oblivion into which it has unfortunately fallen. Also full directions are given concerning the X-rays, with many illustrative cases showing their usefulness in surgical diagnosis, and their value is considered. Dr. Monell has done wonders with static electricity in obstinate rheumatic conditions; also neuralgia, neurosthenias, etc. This is an exceedingly interesting book, and a necessity to any one interested in this kind of work—and many physicians should be thus interested;, such work would add greatly to their practice.

"THE TREATMENT OF THE SICK; a System of Applied Therapeutics;" by Wm. F. Waugh, A.M., M.D. Published by the Alkaloidal Clinic Co., Chicago. Price $5; 524 pages.

Perhaps you will think that the price is rather high for the number of pages. We were so impressed when the book came. But it is bound in half leather. Then let us look into it. Pathology, etiology, diagnosis, etc., which change but little, and take up from three-fourths to nine-tenths of the ordinary work on practice, and which is repeated in every one of them—all this is entirely omitted in Dr. Waugh's book. The diseases are taken alphabetically, and each article is like a chat with the author on the treatment of that particular disease. Compared with this book, the other works on practice are like the dry pod, while this is the juicy fruit. The dedication is as follows: "To the country doctor, in token of the author's appreciation of his worth and work." The preface is a straightforward preliminary talk by the author about the book, its scope, purposes, etc. Then the diseases are considered alphabetically. Turning to typhoid fever, we find in the twenty-three pages given to it, that its treatment is not only thoroly given, but that it is modern. This is the only book that keeps up with the journals in treatment. An appendix of 38 pages is devoted to the therapeutic indications of the active principles, for dosimetric practice. While at first glance at the outside of this book (altho it is a handsome book) we feared that the price was rather high for these times, an examination of the inside causes us to think that it would be cheap at double the price. We know of no book that will be as helpful to the busy doctor as this.

"TUBERCULOSIS OF THE GENITO URINARY ORGANS, Male and Female;" by N. Senn, M.D., Ph. D., LL.D. Published by W. B. Saunders, Philadelphia. Well printed on heavy paper and bound in cloth. Price $3, net; 317 pages.

The learned author has searched surgical literature for this class of cases, and has added thereto his own rich observations. This is the first book that has appeared on this subject, and the author offers it to "fill a gap in medical literature." The first 81 pages are devoted to tuberculosis of the male organs of generation, 102 pages to the female organs, and the remainder of the book to the bladder, ureters and kidneys. This suggestive sentence is found on page 83: "I am sure that many

Digitized by Google

ulcers of the vulva, vagina, and the vaginal portion of the cervix uteri have been cauterized or excised under the belief that they were of a carcinomatous nature, when a careful microscopical and bacteriological examination would have revealed their tubercular nature" The leading systemic remedy for tuberculusis conditions recommended by the author is guaiacol, to be given in milk four times a day, before each meal and at bedtime, beginning with 5 drops and increasing to 10 drops or more.

"A TEXT-BOOK OF DISEASES OF WOMEN." By Charles B. Penrose, M D., Ph.D., of the University of Pennsylvania. Published by W. B. Saunders, Philadelphia. Price, $3.50 net. This is a book of 529 pages, produced in Saunder's superior style. It is a plain, straightforward, well illustrated work on the subject. The author exhibits no pedantry; he seeks to reach the understanding of his readers in the simplest and most direct way possible. In his preface he says: "I have, in most instances, recommended but one plan of treatment for each disease, hoping in this way to avoid confusing the student or the physician who consults the book for practical guidance." All these points will commend themselves to all who want a modern and useful book on the above subject.

"KAREZZA; Ethics of Marriage," by Alice B. Stockham, M. D. Published by Alice B. Stockham & Co., Chicago. Price, $1; 20 per cent. discount to physicians. This is a little book of 136 pages, but it brings a message that may be of great importance. It is devoted to controling the size of the family by legitimate and natural means, at the same time permitting the exchange of magnetism, the desire for which brings the sexes together, and this without exhausting physical or nervous drain. The book is highly ethical and spiritual, and seeks to raise the reader to an elevated plain of thought, yet the plan proposed provides for what is claimed to be completer satisfaction than the ordinary gross expenditure of semen. The plan is reverent tho passionate contact, even to bringing the organs into position, and introduction, but avoidance of orgasm and emission. It is claimed that this is possible with training and efforts at self control. On page 76 occurs this sentence: "At present there is no education except that of observation, and no school except that of experience, to fit people for living together in marriage." This book is addressed to this great need. Important sexual knowledge comes to many people too late. So important a thing should receive the attention it deserves at the proper time.

"LETTER TO A PROSPECTIVE BRIDE;" by Ida C. Craddock, Lecturer on Social Purity, P.O. Box 2093, Philadelphia. Price, 25c. This is both direct and delicate, and contains information of great value to both parties. While it may be difficult to talk to a prospective bride, it is easy to hand a little book to her and ask her to read it.

"PREMATURE BALDNESS AND DYSPEPSIA;" by Dr. Jno. G. Albers, of Fulda, Noble Co., O. This is a bound book of 75 pages; price 50 cts. The joint consideration of baldness and dyspepsia, which may seem strange, is explained by the fact that the author considers dyspepsia a prevalent cause of baldness. Other causes are pressure of men's hats cutting off the circulation; frequent cutting of the hair, this frequent stimulating of growth leading to early death of the hair; also diseases of the scalp, heredity, grief, fright, dissipation and brain work; also syphilis. The following is a thought we have never seen in a book on the subject, but which we hope the author will consider: Bald men have heavy beards, as a rule; women, who have no beards, are seldom bald. Is not the hair nutrition frequently diverted from the scalp to the face in men, thus causing baldness? Women, having no beard, such diversion is impossible; hence, they retain their hair. The author properly lays stress on giving systematic treatment for whatever abnormal condition that may be found to exist, stopping dissipation, sexual excesses, or whatever influences that may tend to lower the standard vitality. Formulae and directions are given for local treatment, and the remainder of the book is devoted to dyspepsia The book is very interesting and suggestive.

"BETSY GASKINS (Dimicrat)." This is the title of a cloth-bound book of 407 pages, published by the Schulte Pub. Co., 323 Dearborn st., Chicago. This book is sold only by subscription. We learn from an adv. that we happened to see that the price of the book is $1.50, and that a prospectus and complete outfit for agents can be had for 50 cts. As this book seems destined to become very popular, it might be suggested to some unemployed young man (or woman) in your neighborhood to become an agent.

The scene is laid in Ohio, the home of the author, W. I. Hood. The characters are plain, everyday folks. They seem real from the first page to the last. They can be found in any farming community in the country. This book seems to be the Uncle Tom's Cabin of the currency question. Doubtless there were thousands of comfortable and happy slaves in the South when Mrs. Stowe wrote her immortal book; but at the same time there were many slaves who suffered cruelty and injustice; and it was these that she pictured to her readers, and the only remedy was the uprooting of the system of slavery. Perhaps some farmers are doing fairly well; but everyone knows that many—very many—particularly those who years ago paid only a part of the purchase money, making a mortgage for the balance, are suffering from evils that our system of finance has brought upon them. A large part of our yeomanry are struggling

under unjust burdens, working from morn till night as hard as any slave in efforts to save their home, but too frequently the sheriff comes after all. This book illuminates the subject in the plain talk and experiences of the farm. Touches of humor and pathos are freely interspersed, and also many graphic illustrations. It will be eagerly read by both the learned and the illiterate, and leave a permanent impression upon the minds of all. The story of the trials of Betsy and her husband, Jobe, is told in 272 pages; the remainder of the book is given to an unusually good, condensed statement of our monetary history and the philosophy of money. We predict that in every neighborhood that this book gets into it will be loaned from neighbor to neighbor and become the talk of the community.

Practical Points.

FIRST right hand page over from title page —handy for you to find—we place Flavell's page for you again. You have patients that this firm can render much comfort to. That stout old lady, and that fat old gentleman, with pendulous abdomen—they are able to get what will add to their comfort, and willing to spend the money; but they do not know what a support will do for them. If you have charge of their health and comfort, it is your duty to see that they have what they need. Bracing up weak points does wonders for the fat, the aged and those with weak local parts. Flavell Bros. are the "bracers."

SMITH: "Why does Jones look so happy and gleeful? Has he received a legacy?" BROWN: "No. He had his life insured about a month ago, and he discovered yesterday that he has consumption."

THE coming meeting of the American Public Health Association, in Philadelphia, from October 26th to 29th, promises to be a memorable one. It will be the silver anniversary of the association; and the attendance and the number of papers read will probably be larger than at any previous meeting. Philadelphia hospitality is proverbial, and visitors can be assured of a time replete with pleasure as well as profit. An interesting feature of the meeting will be an exhibit of hygienic and sanitary appliances, preparations, etc., including all articles capable of furthering and preserving public or personal health.

Similar exhibits at the meetings in Brooklyn and Buffalo proved instructive and entertaining to the members and advantageous to the exhibitors. There will be an endeavor to make the coming one larger and more comprehensive than its predecessors. An entire floor of Horticultural Hall, said to be the finest exhibition hall in the country, will be devoted to this purpose.

WATCH the changing advertisements of Pepto-Mangan (Gude) on the lower half of next page after Contents. It is interesting. Then give this preparation to one of your anemic patients and watch the effect. This will be still more interesting.

USE Imperial Granum for feeble digestion of children, invalids or the aged.

SEND 75 cents to Messrs. Putnam's Sons, publishers, New York, N. Y., for a copy of Hon. J. L. Cowles' book, "A General Freight and Passenger Post." If, after you have read the book, you regret your investment, send the book to the Editor of this magazine and he will make good your investment. The fact is, you will pass the book around among the most intelligent and influential of your patrons.

IN addition to their pill vita (see opposite contents), the Mercer Chemical Co. have the enterprise to bring out a throat and cough lozenge (see their new adv.). It is just what you need this winter. The doctor who can relieve throat troubles and coughs promptly is the doctor that will make reputation rapidly. Embrace every aid in this direction.

DID you ever get really satisfactory results from pepsin? Caroid will not disappoint you. The dose is smaller than that of any of the other digestive ferments, but as Mr. Parmele puts it, "it outweighs them all." This is graphically illustrated on our title page. Try it for the digestion of all kinds of food.

APOLLINARIS and Apenta—two natural mineral waters; the first very mild, the second very efficient. Apollinaris is known the world over; Apenta is rapidly becoming so, for these two waters go together. A fever patient who would be nauseated by a dose of medicine can take either of these waters with delight.

TRY a bottle of Carnogen in any case where the vitality is reduced, and you will find it so delightful and efficient that you will use it in many such cases. Don't put it off, but begin *now*.

HAVE you seen the new adv. of Messrs. I. O. Woodruff & Co.? If you don't get samples of their remedies and become acquainted with them it is your own fault, for they offer to send you samples free.

WHEN you have a choice between pills that you can crush to a powder under your thumb and those that you can drive into a board, which will you take? Upjohn's are the first kind, and they don't cost any more. Stop at any drug store and compare them.

THE uric acid diathesis is the cause of many a trouble of the skin, joints, etc. Lithiated hydrangea is a good remedy for this diathesis, and it will remove the cause, which seems obscure, and cure such cases after they have been rebellious to other treatment. Send to Lambert Pharmacal Co., St. Louis, for literature.

MESSRS. WM. V. WILLIS & CO., of 134 S. 11th st., Phila., are sending out some excel-

Digitized by Google

lent instruments—hypodermic syringes thermometers, pocket operating cases, etc., at very low prices. See their adv. and see their offer for this month. They always give satisfaction. Send for their circulars concerning invalid and sick-room supplies If you trade with this firm once you will find them so satisfactory that you will continue trading with them.

SEND to B. Keith & Co., 75 Wm. st., New York, for their Enlarged Manual of Concentrated Medicines—free.

HAVE you gotten one of those handsome copies of "The Life of Sir Astley Cooper"? If not send to the Norwich Pharmacal Co., Norwich, N. Y., for one—free.

CASCARETS are a new and elegant preparation of cascara, senna, etc. Always have them with you and thereby become the children's friend. They will know you as the doctor who gives candy instead of castor oil. See adv. and send for same.

RESINOL now takes the full page facing last page of reading matter. This indicates that doctors are taking it up pretty freely, and that its use is justifying their expectations. For example, Dr. L. F. Suesserott, of Chambersburg, Pa, says: "I have been a frequent user of Resinol. I have this to say: it has always given me great satisfaction, especially in eczema, pruritus, ani etc."

IT is reported that in over 100,000 cases of diphtheria in the United States and Canada treated with Mulford's Antitoxine, the mortality was less than 5 per cent. Mulford's Antitoxine is well known to have been found the most concentrated and of the highest potency and reliability in every comparative examination of antitoxine made. A file of the most recent literature on diphtheria may be secured by writing to the H. K. Mulford Co., Philadelphia, Pa.

LENTZ'S Hot Air Apparatus is simple, efficient and cheap. Those remarkable results in here-to fore incurable cases of rheumatism that we were reading about almost a year ago you can now achieve in your own office.

IF YOU will look at the formula for Wampole's Antiseptic Solution (Formolid), you will be convinced that it is superior for many uses. It will pay you to look at the adv. and give the formula attention, and send for a sample for trial.

SEE the "thousands of letters" adv. of Dr. Abbott, this month.

THE Angier Chem. Co. come in with their petroleum emulsion this month—just in time for you to begin its use in lung troubles.

PHYTOLINE (for fat people) and Pineoline (for skin diseases) are worth your attention. See adv.

WHAT tonic? Teutonic—a malt extract of superior quality. See adv.

DON'T let your typhoid cases go thru without Bovinine. Feeding is one of the chief problems in typhoid, and Bovinine is one of the best liquid foods known. Put these two facts together and you will always use this preparation in typhoid.

A FEW years ago a tailor put prominently on his card: "Do you wear pants?" E. O. Thompson's Sons want to know if your pants fit—if they are genteel? They want to know the same about your coat and other apparel. You might as well have them right. See their adv. and send for free samples, suggestions and illustrations.

KEEP a supply of Stewart's pile ointment (see adv.) on hand to give to patients needing it. It will pay you, for you can charge the patient much more than the ointment costs you, and he will send other patients to you, for it is a good thing for its purpose. Send for a free sample box any way.

THOSE Yankees are pushers—send to Geo. C. Frye, Portland, Me., for his bulletin of surgical instruments.

YES, samples of Micajah's Uterine Wafers free to physicians unacquainted with their merits. See adv.

ISAAC PHILLIPS is with us again this month with his page of instruments. He seems to be the leader in this line in the South. See his page.

FRUIT juices should be given freely in all fevers. Unfermented grape juice is the best. It is a refreshing food. It will supplement milk or take the place of milk. See adv. of Welch's Grape Juice. They say "book about it and sample free."

THE back cover page will tell you about the Woodbridge treatment of typhoid fever and how to begin its use immediately. Don't let your competitors get ahead of you on this: and don't be a fogy and lag behind. See back cover page.

ARMOUR'S Nutrient Wine of Beef Peptone. Haven't you places where this would fit in to advantage? Give it in ulcer or cancer of the stomach, for example, as a severe test.

ALWAYS see Scheffelin & Co.'s page—page v.

AMONG the preparations of cod liver oil, have you ever used Hydroleine? If not, why not do so now?

ERGOT is a back number—ergotole has taken its place. It retains all the virtues of ergot, and is free from the objections that we formerly had to suffer from ergot.

"FOR the many cases of rheumatism and neuralgia which I am called upon to treat, I invariably prescribe tongaline, and always secure good results. I consider tongaline the best eliminative in my armamentarium, and whenever I find a gouty or rheumatic dia-

(Continued over next leaf.)

Digitized by Google

An absolutely reliable

℞: Unguentum Resinol ℥i

that makes glad the heart of both physician and patient. Subdues itching, irritation and inflammation instantaneously, and cure follows relief in magical succession.

An ideal surgical dressing, and by far the best known application for burns of any extent and any degree. Can be applied to any surface at any age, and is perfectly harmless, non irritating and non-poisonous.

The *sine qua non* in all Skin diseases where an **Antipsoric, Antiphlogistic, emollient, anodyne** and nutrient application is indicated.

ATTEST

This preparation gives me the best of satisfaction. L. H. STAPLES, M.D., Buffalo, N. Y.

RESINOL is an excellent application for bed sores, ulcers, etc.
T. B. KRAMER, M.D., Washington, D. C.

Results obtained from sample of RESINOL were magical. It is a perfect wonder.
L. CONKLING, M.D., Albany, N. Y.

Have obtained better results from RESINOL than from any similar preparation.
F. T. BOSGNER, M.D., Ph.D., Boston, Mass.

A chronic case of Eczema of Scalp that had resisted other remedies promptly yielded to RESINOL, and is now well.
J. B. HESTER, M.D., Euclid, Ark.

Two applications of RESINOL cured a young man who had been worried at least six weeks with Herpes Præputialis.
H. B. ANDERSON, M.D., Chattanooga, Tenn.

The first application gave such marked relief in a most obstinate case of Pruritus Ani that I must acknowledge it to be a grand addition to our armamentarium.
J. F. BARRETT, M.D., Lawrence, Neb.

Resinol is put up in 1 oz. jars and can be obtained at any drug store.

PRICE 50 CENTS.

SAMPLE SENT FREE ON APPLICATION.

RESINOL CHEMICAL CO., Baltimore, Md.

Digitized by Google

thesis, no matter what is the immediate trouble, tongaline forms the basis for treatment. I also prescribe tongaline for la grippe, nervous headache, lumbago and in some cases of pharyngitis and pleurisy. In fact, I consider tongaline the most serviceable and efficient remedy within my knowledge for the class of troubles for which it is intended."—John E. Brooking, M.D., Hallowell, Maine.

"IT GIVES me great pleasure to testify to the good results obtained from Daniel's Concentrated Tincture Passiflora. None other is worth anything in my hands in the treatment of paralysis, epilepsy, St. Vitus' dance, chloral and tobacco habits, sleeplessness, nerve exhaustion, neuralgia, alcoholism, painful and deficient menstruation, headache, hysteria, convulsions, prostration from fainting, and the convalescent stage of acute diseases."—Joseph Adolphus, M. D., South Atlanta, Ga.

F. E. HARRISON, M. D., Abbeville, S. C., says: I have used Celerina in appropriate cases, and can heartly recommend it to all who wish an elegant preparation, combined with undiminished therapeutic activity. It is peculiarly fitted to such cases as delirium tremens, headache from debauch or excessive mental or physical exertion.

HAVE you tried Sanmetto in the class of cases for which it is specially prepared?

THE value of Antikamnia consists in its rapid effect in alleviating the suffering of the patient while more radical treatment is working a cure. While endeavoring to rid our patient of his neuralgia, rheumatism, typhoid, intermittent or malarial fever, we secure him relief from pain and intermission of fever. We have, in short, in this drug, not a remedy for any disease, but a most useful antidote to the two great symptoms—pain and pyrexia.—Medical Reprints, London, Eng.

DR. R. H. BAYLOR, Stewart, Tenn., in reporting his experience with Sennine as an antiseptic and germicide dressing as well as stimulating healthy granulations on an ulcerative surface, says: "There is nothing further desired in the antiseptic line." He has accomplished pre-eminently satisfactory results in ulcerative conditions where everything else had failed. Sennine is easily applied—a clean dressing and permanent relief in a short time.

TO THE MEDICAL PROFESSION:—It has recently been brought to my attention that several manufacturers have placed on the market certain preparations as substitutes for Aseptolin, which have manifestly not been made strictly in accordance with my published formula, as analysis fully proves. These defective solutions have not only failed in accomplishing the relief or cure of the patient, but in many instances have caused abscesses and other harmful results I must not be held accountable for these evils, which directly

(*Continued over next leaf.*)

COLORADO:—$2,000 practice, drugs; house carpeted and furnished. Well, barn and carriage-house. For $1,300—cash $500, balance time. Address, "R," care of Medical World.

FOR SALE;—$1,500 practice on Historic Roanoke Island—2,000 people. Good climate and sport. One competitor. Address, Dr. Gates, Manteo, N. C.

GRANDFATHER CLOCK exchanged for Bicycle. Dr. Crawford, Walter, N. C.

DOCTOR, we have five States yet unsold. Will offer special inducements to those desiring exclusive territory. The Imperial Hernia Cure Co, Jacksonville, Fla.

SPECIAL PRACTICE FOR SALE;—Established over twelve years, in treating Cancers and Chronic diseases. Income $4,000; Healthiest city in the U. S., population 120,000. Price $800, if arranged at once. Dr. O. Henley Snider, Atlanta, Ga.

WANTED;—Position as assistant; or good location. Graduate of J. M. C. '98. Box 52, Yeagertown, Pa.

FOR SALE;—Property and practice. J. W. Miller, M.D., Eureka, Texas.

GALL-STONE AND BILIOUS COLIC—A precious treatment—positive results. 50 cents by mail. W. Davis, M.D., Lansing, Iowa.

$3500 PRACTICE;—For Price of property $1,200, ⅓ Cash. Good Reason for selling. Address, Lock Box, No. 126, Alto, Texas.

FOR SALE; Good location for German speaking physician; for price of office furniture and drugs. Address, Box 17, Germantown, Ills.

A GOOD country practice free to purchaser of horse and vehicle. Send stamp for reply, Dr. Gauldin, 129 Main St., Dallas, Texas.

A Private Sanitarium for

Epileptics.

Only eight selected cases taken. A perfect environment; constant medical supervision; a delightful home. Send for description and references to **DR. WILLIAMSON, New London, Conn.**

SENT FREE TO PHYSICIANS.

A Sample of **Micajah's Medicated Uterine Wafers** will be mailed free to any physician who is not already acquainted with their merits. See advertisement in another column. Address,

MICAJAH & CO., Warren, Pa.

Send for Samples.

PLANTEN'S
PERLOIDS
REGISTERED TRADE MARK
OF
SANDAL OIL

Established 1836.

"PERLOIDS" **or Pearl-shaped Capsules.**

No. 421A { 5 Minims } 40 in vial, $4.75 per doz.
421B { Capacity } 80 " 9.00 "

A trial bottle or dozen sent prepaid on receipt of List price.
N. B. We make *all* kinds of filled and empty Capsules.

H. PLANTEN & SON, New York.

Digitized by Google

The Medical World

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World.

C. F. TAYLOR, M. D.
Editor and Publisher.

Subscription to any part of the United States and Canada ONE DOLLAR per year. To England and the British Colonies, FIVE SHILLINGS per year. Postage free. Single copies, TEN CENTS. These rates must be paid *invariably in advance.*

We cannot always supply back numbers. Should a number fail to reach a subscriber, we will supply another, if notified before the end of the month.

Pay no money to agents for this journal unless publisher's receipt is given

ADDRESS ALL COMMUNICATIONS TO

"THE MEDICAL WORLD,"
1520 Chestnut Street,
PHILADELPHIA, PA.

VOL. XV. NOVEMBER, 1897. No. 11.

UNION LABEL
TYPOGRAPHICAL
PHILADELPHIA

By The Fire-Side.

The long evenings and cool weather have come again, and the annual season of fireside life has begun. After a long day in an exhilarating atmosphere, your fireside, lamp and library table await you. After your books are posted for the day, and special points looked up concerning cases that you have on hand, you still have two or three hours for solid intellectual work, provided you are not called out. Now, how do you usually spend these few hours that you can, as a rule, reserve to yourself for quiet study? A likely guess would be that many of these hours are spent in reading sample copies of medical journals, advertising circulars and other chance reading that happens to fall in your way. Time spent in such desultory reading is almost wasted. True, the newspapers should be glanced over for the important news, and general idea of current medical literature and the new preparations advertised should be kept up, with a careful reading of the medical magazines that you "swear by" and pay for. But this need not take more than half the time you can get for reading if you manage carefully. Suggestion as to the best use of this remaining time is the object of these lines.

Don't spend the extra time mentioned in desultory reading, but spend it in systematic reading. Please think of this advice until you have acted on it, say a year; after that you need not be reminded of it, for you will know its value. Choose a subject—some practical subject, as the treatment of some disease of frequent occurrence, as bronchitis, pneumonia, neuralgia, rheumatism, etc. Determine to know all that can be known about the subject you have chosen. To get a thoro knowledge of the treatment, pathology, causes, classification, etc., must be considered. Exchange books with your medical neighbors until you have consulted every available authority on the subject you have chosen. Add to your study all the practical experience you can get in that particular line. Before you take up another subject, write a resume of the knowledge you

Digitized by Google

have acquired on the subject you have been studying, for future reference or possibly for publication. Then you can speak with confidence, and what you say will be worth hearing or reading.

We would like to feel that every reader of THE MEDICAL WORLD is a student. Don't say that it is too late, and that you are too old. In one year of the kind of study above suggested you will make more real solid advancement than in the ten previous years of desultory reading; and if you are fifty or sixty years old, or even above sixty, it is worth while to begin.

We want a crop of physician-students ready now to report the results of their studies and experience in the prevailing diseases of winter. Was your treatment of these diseases last winter satisfactory? Will you make any change or changes this winter? If so, what? and why? There are many diseases not confined to cold weather but are usually more troublesome then. Have you anything to offer concerning the management of tuberculous patients during cold weather? Have you anything to offer on neuralgias? It is a little early for much rheumatism, but who is getting ready to give us something on that subject, say in January or February issue?

We want a crop of practitioner-students to devote this winter to a careful study of summer diseases, and come forward about next April or May. We will keep a list of all volunteers that wish to send their names. Any doctor can study as well as professors and specialists. The chief difference is that our "authorities" study systematically and those who follow do not.

An editorial may be valuable to you for what it does for you; but it may be still more valuable to you for what it inspires you to do for yourself. It is good to instruct; but it is better to inspire.

Requirements for Practicing.

There are many advantages in our country being divided up into states. Local affairs can thus be managed according to local needs. But the public health is hardly a local affair; it is a very important National affair, in its broadest sense, and it should be looked after by competent men. See the epitome of the medical laws of the various states in another column of this issue. There are yet a few states lagging behind that have no medical law yet. Is this variation of requirements in different sections of the country right? Would not National requirements be much better? Then a man reaching the requirements could practice in any part of the country, and the people of all parts of the country would be protected from imposition. Last June there was held in this city a convention of medical examining boards, having for its object the establishment of a uniform standard of requirements in the various states. This is a very important movement, and may do much toward establishing a uniformity of standard, and thus be a long step toward a National medical law with one or two National boards of examiners, as proposed by Dr. R. Stansbury Sutton, of Allegheny City, Pa., in these columns a year or two ago (April issue, 1896, page 126.) The function of colleges should be confined to teaching, and they should in no instance be authorized to pass judgment on their own work—grant a diploma giving the right to practice. This should be done only by a board or boards entirely independent of colleges, appointed by government authority to examine into the qualifications of applicants regardless of any diplomas they may hold from medical colleges.

Join the "majority" by subscribing for THE WORLD. Send $1 now for 1898, and receive the remainder of this year free.

Digitized by Google

Original Communications.

Short articles on the treatment of diseases, and experience with new remedies, are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month for publication in the next month. Unused manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

READ. REFLECT. COMPARE. RECORD.

Some Winter Remedies.

Editor MEDICAL WORLD:—The object in writing this brief article is not to give anything new, but to direct attention to a few timely remedies that have been tried and not found wanting.

First, and best of all, is a modification of H. C. Wood's syr. potassii citrat. et ipecacuanha, which is not only a valuable combination for pneumonia and bronchitis, but is equally good for aborting coughs and colds. If a patient comes to me during the first 48 hours after taking cold, I give him a two ounce bottle of it, and direct him to take two tablespoonfuls, and go to bed at once, and put on plenty of covers; if awake in an hour, to take another tablespoonful. After that a teaspoonful every two hours when awake. After the second dose he usually goes to sleep, and some hours afterwards awakes in a profuse perspiration. Generally the next morning he gets up free from his cold; if not, a few more doses usually completes the cure. My formula is as follows.

℞ Potassii citrat. . . . oz. j.
Syr. ipecac. . . . . dr. v.
Spts. limonis . . . dr. ij.
Acidi. citrici. . . . gr. x.
Syr. Simp. q. s. ad. . . oz. viij.
M. Sig. A teaspoonful to a tablespoonful four to six times daily.

Another favorite formula of mine is:

℞ Acetanilide
Salol . . . . . āā oz. ss.
Caffeine cit. . . . . dr. j
M. Sig. 5 to 10 grains every one or two hours.

For colds with general aching and muscular soreness; also valuable in many cases of rheumatism and neuralgia.

A good mixture for dry coughs, hoarseness, etc., is:

℞ Chloroform
Terebene . . . āā m. xxij.
Shake well with half an ounce of granulated sugar and add
Syr. pix . . . . . oz. ij.
Syr. simp. q. s. ad. . . . oz. iv.
M. Sig. A teaspoonful every one or two hours.

Last of all I wish to mention a tablet which is made by several of the tablet makers, altho I prefer the one made by Parke, Davis & Co. Each tablet contains:

℞ Tr. aconite . . . . ℥ m.
Tr. bryonia . . . . $\frac{1}{10}$ m.
Tr. belladona lvs., . . $\frac{1}{15}$ m.
Sulphureted antimony . . $\frac{1}{100}$ gr.
Potassium bichromate . . $\frac{1}{100}$ gr.

To a child two to five years old one tablet every 15 minutes until four are taken, then one every hour for four doses, and then, if better, one every two or three hours; adults in proportion. If seen early, many cases of beginning pneumonia and bronchitis of both children and adults may be aborted by the above treatment; no other medicine will be needed. FRANK LOMERSON, M.D.

Columbus, O.

The Course of Bronchitis.

Editor MEDICAL WORLD:—In a careful study of the cause of bronchitis, it seems to the writer that it is an inflammation that spreads by a continuity of tissue downward during the first stage, and upward during the second stage, taking about two weeks to made the grand round. It begins popularly as "a cold," usually as a pharyngitis, then becomes a laryngitis, tracheitis, bronchitis, capillary bronchitis (in some cases) and, perhaps, a broncho-pneumonia in the severe form, e. g., la grippe.

On the way down we have to deal with an inflammation, and on the way back with an exudation, which will be more or less pronounced, depending upon the activity of the reabsorbent lymphatics and of the nervous system, celebral and spinal. The more delicate the mucous membrane, the more rapid the onset and the more tedious the recovery.

The skill in the management of a case

Digitized by Google

is to arrest the inflammation "on the wing." Belladonna has arrested many cases at the larynx, aconite in the trachea, while bryonia is a fine "short stop" at the bifurcation of the bronchi. For the writer it has arrested and turned back many a case. On the return, exudative remedies serve best, especially the kalis.

T. C. DUNCAN, M.D., Ph.D.
100 State street, Chicago, Ill.

For Whooping Cough.

Editor MEDICAL WORLD:—The following combination of remedies is suitable for both stages of the cough. The prominent member of this group is the scull cap.:

R—Ammonii chloridi . . .	ʒiv.
Pulv. cinchonae rub. . . .	ʒiv.
Mel despumat.	ʒij.
Spir. gaultheriae . . .	ʒiv.
Spir. frumenti	ʒiv.
Fld. ext. scutellaria . . .	ʒiv.
Aquae q. s.	Oj.

Sig. Give from a teaspoonful to a tablespoonful from four to six times a day, and you will not need any anti-spasmodics or germicides, like resorcin.

This formula is adapted to a typical western family of children that live five or ten miles out on the prairie.

Scutellaria is a nervine of the first class. It can be administered, dose after dose, until quasi-paralysis of both motor and sensient nerves is produced—a state of nerve rest without death, during which vital recuperation of the nervous system takes place. It is, therefore, an invaluable remedy in the nerve storm of whooping cough, epilepsy and chorea; also, in the coagulated brain of chronic alcoholism, in motor paralysis and insanity.

R. L. PATTERSON, M.D.
Coyville, Kan.

Notes on Diseases Incident to Cold Weather.

Editor MEDICAL WORLD:—"There is no happiness in having and getting, but only in giving. . . . Half the world is on the wrong scent in the pursuit of happiness."

It has been said somewhere that about 95 per cent. of the people "catch cold" during the winter months. This high percentage can easily be reduced to 20 or 30 per cent. The cause of this high rate is due to ignorance on the part of the laity, and it remains to the family physician to rectify the error by informing his clientele wherein their ignorance lies. Thousands "catch cold" thru their ankles; a great number thru carelessness in dress, and not a few by not giving proper attention to their hair and beard.

Office clerks—those having indoor occupation—are engaged from 7, 8 or 9 a. m., until 4, 5 and 6 p. m. After this day's labor they return to their homes tired and exhausted, eat dinner, smoke a pipe or cigar, read the current news aud then retire. These do not "catch cold" during working days. Sunday comes along; some arise early, others lounge until noon or later. Thus, having enjoyed a long night's rest they linger over their dress, don their slippers (for the first time in seven days) and sit around the house from one to six hours. Those that have regularly, during the week, put on their shoes upon rising, are most certain to return to business, on Monday morning, sneezing, etc., wondering where they "caught the cold." Cure: Do not wear slippers on Sunday.

Let us now consider laborers, those engaged out of doors, viz., stone cutters, carpenters, etc. The greater number of these wear heavy woolen or cotton underclothing. When they attend political meetings, the theatre, or visit the respective resorts of amusement, they invariably remove their heavy woolen socks and put on the ornamental white shirt. Result, "cold." Cure: Do not diminish the amount of wearing apparel during the winter months.

Again we have another class—"the bearded men." Whosoever neglects to keep his hair and beard in proper trim "catches cold" whenever he leaves his barber. Cure: Visit the tonsorial artist at regular intervals of two to three weeks.

There are a few that are ever changing their wearing apparel with the rise and fall of the thermometer. I would advise them to wear the same amount of clothing, tho they at times suffer an inconvenience, from early winter till late spring.

"When a cold has started" it can be aborted in its incipiency by giving your patient five to ten grs. of calomel, follow-

Digitized by Google

ing, in five or six hours, with a bottle of citrate of magnesia.

℞. Pilocarpin, ... gr. ss.
Aquae, ... oz. ss.
M. Sig. Teaspoonful every two hours.

When the "cold" becomes established, and there is considerable cough,

℞. Menthol, ... oz. ss.
Chloroform, . . . oz. iss.
M. Sig. Pour 20 to 30 drops into the palm of the hand, rub vigorously and inhale freely through mouth and nose. To be repeated at intervals of three to four hours.

℞. Codein, ... gr. v.
Ammon. mur. . . . dr. j.
Syr. tolu, . . . oz. ss.
Aquae. q. s. *ad.* . . oz. ij.
M. Sig. Teaspoonful every three hours.

Capillary Bronchitis of Children.

Our hospitals throughout the country treat these cases with little or no medicine. Confine the child to a large, well-ventilated room, maintain the temperature of the apartment at 70°, and envelope the child's thorax in a cotton jacket and

℞. Quinae sulph. . gr. xx. to dr. ss.
Chloroform, q. s.
Lanolin, ad. . . oz. j.
M. Sig. Rub well into groin and arm-pits morning and evening.

Also

℞. Tinct. aconiti, . . ♏ viij—xx.
Tinct. verat. vir. . . ♏ iv—x.
Tinct. nucis. vom. . . ♏ viij—xvj.
Syr. simp. . . . oz. ss.
Aquae. q. s. *ad.* . . oz. ij.
M. Sig. Teaspoonful every two to three hours.

Diet, milk. Let the child obtain all the water it desires.

Bronchitis of the Aged.

Put your patient to bed. Apply a good size mustard plaster and give pot. cit. in tablespoonful doses every three hours. A full dose of Dover's powder will frequently abort the attack. Should the cough be troublesome or paroxysmal, as is frequent in the aged, prescribe codein in ⅛ to ¼ gr. doses with 5 gr. doses of muriate of ammonia.

Diet, milk. Keep the bowels regular.

"*Last Winter's Notes on Pneumonia.*"

Before entering upon the treatment, permit me to sound a few words of caution. The physical signs in the aged may be delayed from one to three days, with pain, cough and expectoration absent. Children frequently refer the pain to the stomach. Be on your guard and let your physical examination be thoro. Don't hurry with your diagnosis. Wait twenty-four hours. If the fever is protracted and irregular, examine the heart. Endocarditis is not an unfrequent complication. Meningitis complicates about 8 per cent. of the fatal cases.

The diagnosis having been made, order hot poultices to be applied every two hours until temperature comes down to 100–100½. *The ice bag cannot be used in private practice.* The object, in either case, is not to lessen fever, but to arrest the inflammatory process. When poultices cannot be applied satisfactorily, the dry cotton jacket, covered with oiled silk, should be substituted. Absolute quiet is exhorted and must be enforced. Give pilocarpine in $\frac{1}{16}$ gr. doses every two hours for six doses; then every three hours until the fever falls to 100°. Give a pilule of strychnine, $\frac{1}{30}$ gr., every four hours. Oxygen is recommended whenever the patient requires it—seldom before the third or fourth day.

For pain and sleep, give codein in ½ gr. doses, p. r. n. I have discarded the use of sulfonal and paraldehyde in pneumonitis. Paraldehyde increases the delirium and produces a sense of suffocation. Sulfonal, contrary to the general consensus of opinion, leaves the patient exhausted from twenty-four to forty-eight hours.

Diet: Milk, eight oz. every two hours; raw eggs, four to six in the twenty-four hours. The bowels are kept open once in twenty-four hours by a dram or two of glycerine in as much water injected by means of a small hard rubber syringe.

LIONEL C. CHARBONNEAU.
Brooklyn, N. Y.

[In a changeable climate we do not entirely agree with the Doctor in his advice to make no variation in the clothing during the winter months. Within certain reasonable limits, we think it best to adjust the clothing to the weather. In our early days our clothing was changed according to the calendar, regardless of the temperature. When the regulation date came in the fall our winter clothing went on, and on a certain date in the

Digitized by Google

spring (the first of May, if we remember), summer underwear was donned. This plan causes many a swelter and many a shiver. It pays, sometimes, to put on the heaviest woolen underclothing, if only for an evening, in mid-summer. We have, on rare occasions, done this with comfort; but greater care should be taken in a change from thick to thin during an unseasonable hot spell, unless the probable chilly evening is duly guarded against.—ED.]

Coughs and Colds.

EDITOR MEDICAL WORLD:—What causes cough? Coughs are caused by anything that irritates the nerves supplying the respiratory tract.

If a cough is tight, give ipecac or bichromate potash in syr. white pine. If it has an asthmatic complication, add apomorphia to above. For a loose cough, squills.

To prevent a cold, wear woolen underwear, thick soled boots, and never wrap up your throat unless out in a blizzard. Remove wraps the instant you are housed. Do not sit in damp churches.

To abort, give ten drops gelsemium and five gr. Dover's powder every two hours. Take a hot foot bath; put mustard in the water. DR. HARRIS.

McLoud, Oklahoma Territory.

Comments on October "World."—Treatment for Colds.

Editor MEDICAL WORLD:—The October WORLD just received, and read with the usual avidity. Dr. Waugh (page 418) asks for more light concerning the action of resorcin in removing the drink crave and the depression following its use. I am sorry that I cannot tell why it does so, as I do not know, and in the absence of positive knowledge we will have to take it on faith and give it empirically the same as we do plenty of other remedies. To which of its properties the action is due, the astringent, antiseptic, antipyretic, antirheumatic, etc., or to which combination of two or more properties, is unknown to me. It may be that it acts towards the drink crave the same way that quinine does to the tobacco crave. I know from personal experience that when I am taking full doses of quinine, tobacco does not taste good, and I want no cigars till the quinine is all eliminated. Maybe someone else can tell us the reason for the action of resorcin in such cases.

Replying to the request of Dr. Walton (page 429) for the goiter, I would apply galvanism to the gland, one sponge on each side, changing them from side to side often, with the current strong enough to make the skin red and to sting. The sponges wet with a saturated solution of potassium iodide, and at the same time give her internally the tincture of strophanthus, ten drops three times a day. This treatment has acted well with me in goiters in girls and young women. Of course attend to the other symptoms as indicated, but the above treatment for the thyroid trouble is good enough for me.

Replying to Dr. Brietz (page 430) and to Dr. Worcester (pages 430-1), I would advise them to get a copy of "Suggestive Therapeutics in Psycopathia Sexualis," by von Schrenck-Notzing (Chaddock), published by F. A. Davis at $2.50, and they will therein learn the best and only successful treatment for masturbation known.

In reading over the review (page 440) of Dr. Stockham's book, "Karezza; Ethics of Marriage," wherein she advocates the Platonic copulation, or exchange of magnetism, reverent, passionate, ethical, elevating, spiritual, satisfactory, bringing the organs into contact, position and even introduction, without orgasm or emission, it makes one smile, and reminds one of the indigent person who was only industrious in begetting offspring to be charges on the community. When the last one came on the scene, which was about the dozenth one, a committee of ladies called on the wife to remonstrate and expostulate with her, and she told them it was not her fault, and for them to talk with "John" about it. After some hesitation, they did so, as the need was urgent. He heard them in silence and admitted his fault, but said that he could not help it. Whereupon some of them who had evidently been studying up the ethics of marriage in "Karezza" told him that he should only introduce the organ, but not have any orgasm or emissions. He promised to try the new way, but as a warning

Digitized by Google

said: "I'll do as you say, but if I should get one of those pleasant pains, then I could not hold back even if it should make a whole township." I am afraid that Dr. Alice's "Karezza" will find a snag in those "pleasant pains" the world over, and that the new method which she advocates will never find favor with the masses, or them asses, whichever way you read it.

In response to the Editor's request for the best way to abort or cure a cold, I will give my way of doing it. The popular way is to go to the drug store and get either a dose of physic or some quinine, or both, and take in small doses every few hours till they are thoroly sick, and then go to the doctor or the graveyard. If you give quinine, give it all at once, in the evening, either six, eight, ten or twelve grains, and then stop. I have found that after you get the physiological effect the disagreeable effects are no greater, no matter how much more you give, so give enough to saturate the system, and give it all at once and get the effect quicker, and get rid of it quicker. It is all eliminated in twenty-four to thirty-six hours. If there be costiveness, give something to act on the liver and order a hot foot bath and a hot lemonade at bedtime, with your dose of say ten grains of quinine and ten grains of Dover powder, then to bed, wrapped warmly; this, with the perspiration and rest, will do the business in one or two doses. This is for the very earliest stages, when the sneezing and stuffed up feeling is present. If it has passed into the second stage, with burning in the nose, suffused eyes, and either a watery or purulent discharge from the nose, that treatment won't work. Then clear out the nares with some alkaline spray, with a weak solution of cocaine, say a half grain to the ounce, and give them internally:

℞ Tr. opii. deodorat.,
Tr. belladonnae,
Tr. gelsemii,
Tr. aconit., . . . āā gtt ij.
M. Sig. Give a dose every hour for five or six hours, then every two hours.

When they can come to the office I can break up a cold or stop an incipient bronchitis quicker and easier by giving them a hot electro-vapor bath, with a brisk rub and currying, and then cool them off with an alcohol spray, and then give them the above, either prescription, and one or two such treatments will suffice. It is surprising how quickly the breathing will ease, and the stuffed up feeling and choking sensations in the chest lessen with the patient in the vapor bath. They feel better as soon as the sweat starts, because there is a derivation of the blood to the surface which relieves the internal congestion of the nose and lungs. The rubbing keeps it there and distributes it all over the body, and the alcohol spray closes the capillaries of the skin, so that there is no danger of a sudden chill driving the blood back into the deeper organs when the patient goes out in the air.

You hear so much about taking cold after a bath. That is so; but people take cold who never take baths. When properly given, there is really less danger of taking cold afterward than there was before, because the system is better able to resist it, as the skin is active and the blood is where it should be.

H. C. BENNETT, M. D., M. E.
Lima, O.

Two Items in Typhoid Fever.

Editor MEDICAL WORLD:—I have been very much interested in reading the articles on typhoid fever lately published in THE WORLD, and would like to add my small mite to the collection. I have not had any experience in the Woodbridge treatment, not having any cases recently in which I thought it proper to use it. In the light of my college education—some twenty-five years ago—I would be led to look upon the treatment by the Woodbridge method with a considerable degree of horror. You know at that time we were all taught that severe catharsis at the beginning of an attack of typhoid fever would be almost fatal. Therefore, when I read of the heroic treatment of Dr. Woodbridge, the effect of my early teaching would cause me to hesitate before adopting such radical measures. You all know the couplet:

"You may break, you may shatter, the vase if you will,
But the scent of the roses will cling to it still."

But this is an age when old things seem passing away, and our previous pet theories often pass into oblivion with the rest of the procession. If we would not

Digitized by Google

be run over by the march of progress, we must either get out of the way or join the passing throng.

I would like to speak of one symptom of typhoid fever which has come under my observation. It is not an invariable accompaniment of the disease (neither are the rose spots), but if I should observe it in a suspected case it would certainly strengthen my diagnosis. I refer to the appearance of the palms of the hands in the very beginning of the disease. It can best be expressed by the word bloodless, with a slightly yellowish tinge. This condition is frequently so marked that there seems to be a distinct line running along the margin of the hands separating the bloodless palmar from the more ruddy dorsal surface. Others may also have observed the same appearance, but I do not remember having noticed it in any text book or journal I have read.

In the treatment of typhoid fever there is one remedy which I do not know of other physicians using, and which in my practice has proven to be far superior to all other remedies in improving the condition of the alimentary canal, and which falls in line with recent views in relation to the value of antisepsis in that disease. I refer to peroxide of hydrogen. I hardly know why I commenced using it except that I recognized its value as an antiseptic, and the favorable results I had obtained in using it in affections of the stomach and bowels. I commence its use as soon as I am satisfied I am dealing with typhoid fever, and continue its use throughout the entire course of the disease.

I put two teaspoonfuls in a glass of water and direct the patient to take that amount during the day, a few swallows at a time, and a like quantity during the night. As there is scarcely any taste to it, the patient supposes it to be water and takes it readily, especially if it is kept cold, as it always ought to be.

For the last five or six years I have used this remedy in all my cases of typhoid fever, with the result that I have no trouble with that enormous distention of the bowels called tympanites, and its attendant discomforts. All of you know how troublesome this condition is, and how much discomfort it causes the patient. Any remedy which will control it ought to be considered a boon to the profession and worthy a trial. I consider its use of so much value that I should feel I had neglected a duty I owe the profession if I did not give them the benefit of my experience. Try it, my friends, and see. FORDYCE H. BENEDICT.

Weedsport, N. Y.

Typhoid Fever Variously Treated.

Editor MEDICAL WORLD:—I have treated thirty-nine cases of typhoid fever in the last four years. The first nine cases, ages from 9 to 45, were treated upon the old or expectant plan, with an average duration of fever of 39 days, with two deaths. The next six cases were treated with the zinc and salol treatment, with an average duration of fever of 21⅛ days, with one death; ages of patients, 1½ to 57 years. The next two cases were treated with the Woodbridge treatment; ages of patients, 17 and 80; average duration of fever 17 days. The next twenty-two cases, ages 1½ to 56 years, were treated with the modified Woodbridge treatment, with an average duration of fever of 13⅔ days, and no deaths. One case was aborted at 7 days, and one continued for 35 days, a majority running from 11 to 14 days. One case was complicated with appendicitis, and two with threatened abortion or miscarriage—at 4th and 7th months.

The two deaths in the first nine cases were from exhaustion, and the third death, under the zinc treatment, from perforation of bowels. The zinc and salol treatment consisted of the administration of sulpho-carbolate zinc ⅛ to 1 gr. and salol 2 to 5 gr. in alcohol every three to four hours, with appropriate stimulants (strychnia and digitalis being most generally used); also cold sponge baths and suitable nourishment.

The Woodbridge treatment gave me satisfaction as to results, but the great objection is its frequent administration, disturbing your patient during needed rest, and making a continued drug shop of his stomach; and this treatment is very expensive. Therefore I formulated and adopted the following treatment, that I call the modified Woodbridge treatment, which has certainly given me, as well as my patients, the greatest

Digitized by Google

degree of satisfaction in every case of twenty-two except one; that ran 35 days, but the final result was satisfactory. The treatment is this:

℞ No. 1.—Calomel . . gr. iij to x
Pulv. rhei . gr j to v
Sodii bicarb . gr. xv
M. Ft. Chart. No. x. S. One every two hours.

℞ No. 2. Guaiacol carbonate dr. ij to iv
Oil of eucalyptus ♏x to xxx
Menthol (crys) . gr. v to xv
Zinc sulpho-carb gr. ij to xxx
Alcohol, pure, qs. . oz. iv
M. Sig. Teaspoonful in water and sugar every four hours when awake.

℞ No. 3. Calomel . . . gr. ij
Pulv. ipecac. . . gr. ij
Sodii bicarb. . . gr. x
M. Ft. Chart or cap. No. xx. Sig. One, 1 to 3 times per day, according to condition of tongue and bowels.

On my first visit ℞ No. 1 is begun, and as soon as my diagnosis is made ℞ No. 2 is begun and continued thru the case unless contraindicated. ℞ No. 3 is begun about the beginning or the middle of the second week (if the fever should continue) and kept up. If the tongue is dry, it is given three times a day; if not, once per day. Under this treatment the temperature will rarely go above 102° F.; if it does, the cold sponge bath, or pack or cold bath is used, as required; the cold sponge is also used to quiet the nervous system, if needed. Morphia is also given if needed for headache, and I have never seen any bad results from its use, and I have given it often. Stimulants are used, if required. You will seldom need a stimulant, but I most always use strychnia with all cases from the beginning, because it keeps up the appetite. I never use nitroglycerine; it flushes the brain and causes an unpleasantness to the patient. Tr. digitalis is an admirable stimulant if not long continued; if it is, it prostrates the heart muscles. Tr. nux vomica is also a splendid stimulant and tonic. I used acetanilid with my first nine cases, and my conclusions are that it does not affect the heart directly, but has its action thru the blood. It is a dangerous drug in the hands of most country physicians, where it is impossible for them to see their patient more than once a day, or every two days. I use turpentine when it is indicated, and think it a most excellent remedy. The diet and nursing is the most important feature in typhoid fever. Liquid diet should be used from the beginning to far into convalescence. Select one from the family or friends for a nurse; give the nurse a thermometer and all necessary instructions. Never allow your patient to be awakened to give medicine, unless it is absolutely necessary. Treat complications, if they should arise, upon a common sense basis. Use good judgment and good management. Typhoid can be aborted. You see why I have changed my treatment, and note the change and the results.

Alto, Texas. E. E. QUINN, M. D.

Enteric Fever.

Editor MEDICAL WORLD:—Do you belive in asepsis and antisepsis? Very well then. The so-called "typhoid" can be aborted.

Why call it typhoid? Typhoid is a symptom. Enteric is an entity. You may have typhoid symptoms in many different diseases; pneumonia, pyemia, etc.

It is too early to write a history of fevers in the West. Twenty-two years ago we had no enteric; until ten years ago, no relapsing fever, and until five years ago, no gastric catarrhal fever. (I am speaking of twenty-two years experience in Kansas.)

In every family where I have treated enteric fever, there has been found dead toads, snakes, crickets, rabbits, etc., in the well water. When called to any case of fever, I first examine the water supply, and generally order the well cleaned out. Then calomel and colocynth until all irritating substances are removed; very seldom more than two or three doses in the beginning. Then salicylic acid (from oil of wintergreen), ammonia carb. and zinc sulfocarb. in solution.

Give your enteric patients plenty of buttermilk, broths, soups, etc. And do not fail to have them sponged off with water of temperature agreeable to them whenever fever is above 101.

Some get well in a week, some in ten days or two weeks. That beats the twenty-five to forty days my patients stayed in bed when I first began treat-

Digitized by Google

ing enteric fever. So I claim to abort it.

My manner of diagnosing enteric fever is given in Dr. Scott's article in September WORLD. DR. HARRIS.

McLoud, Oklahoma.

DR. CHARLES PATTON, of Menlo, Iowa, sustains his typhoid fever patients chiefly on ice cream and bananas, with animal broth occasionally for a change; but the latter he believes to favor the multiplication of bacteria. He also uses the ice bag upon the abdomen to reduce temperature.

Dr. W. F. Ball, of Mantua Sta., O., writes an earnest letter protesting against uniform and stereotyped treatment of any disease, as typhoid fever. He fears that the Woodbridge treatment is a tendency in that direction. For example, he would not treat alike two cases of typhoid, one having loose bowels and the other constipation.

DR. W. J. EDMUNDSON, of Willits, Cal., says that a strong infusion of green eucalyptus leaves, by enema, will destroy pin worms.

He also says that the use of calomel in typhoid fever, even in the beginning, favors hemorrhage from the bowels.

He agrees with Dr. Lockhart in considering alcohol a depressant and not a stimulant.

A Peculiar Mountain Fever.

Editor MEDICAL WORLD:—I am a thorough believer in your advice to "Study your Cases;" but I have met a series of cases in this locality that I have been unable to get any light on through "reading up."

I had, in all, about a dozen cases during the spring and early summer months, none of them in children more than ten years or less than sixteen months of age. Usually the mother had noticed that the child had not been feeling quite well for a week or more. Then it suddenly became very sick, vomited, had chilly sensations, pains throughout body and limbs, apparently muscular, slight sore throat with reddened fauces and heavy grayish white coating on tongue, mild conjunctivitis, more or less headache, some running at the nose, glandular swelling all over the body, but more especially of the salivary glands. Some pain in the bowels, nothing characteristic about the bowel movements, urine scanty and high colored and a temperature of from 103° to 105°. About the evening of the 2nd, or the morning of the 3rd day, a rash appears, which has no characteristic beginning point. It appears dimly in the throat and mouth as well as upon the skin. It looks like a papular eruption, but on passing the fingers over it nothing is felt. The spots are more discreet than those of scarlet fever, but bright red like them. Later the spots become irregular in shape like those of measles but retain their bright color. In untreated cases, or cases improperly treated, the eruption appears in crops—sometimes as many as four—one or more of which may be accompanied by urticaria. The temperature all the while maintains the high water mark with a slight morning remission. The patient has no appetite, but suffers from great thirst and perhaps delirium, according to the nature of the child.

After five to seven days the temperature falls, the rash disappears, and a speedy convalescence ensues with no sequalæ that I know of. There is no shedding of the epidermis at any time afterwards.

I have examined the urine several times for albumen but failed to find any, tho an immense amount of phosphates were present.

The people hereabouts call it "scarlet rash," which certainly describes the disease, but authors generally agree that "scarlet rash" is scarlet fever. Now you will notice that this malady differs widely from scarlet fever in several important particulars. Yet I thought at first that this difference might be due to the altitude—7,500 feet—but typical cases of that disease appear here, tho none were in this locality at the time the disease I have been describing was prevalent. I have been unable to satisfy myself as to whether or no it is contagious.

I treated my first four or five cases with the various ordinary fever mixtures in use—aconite, potassium acetate, etc., and hot baths preceded by a cathartic. I

Digitized by Google

finally settled on calomel, gr. ⅛ every hour till the character of the stools changed, and sodium salicylate and aromatic spirits of ammonia and water in dose according to age every two hours, being careful to stop just short of a pronounced physiological action of the salicylate. The result was magical. In those cases in which the medicine was given conscientiously the whole process was completely aborted in 48 hours, the child being then as well and bright as ever and the rash scarcely showing itself enough to be distinguishable; while even in those to whom the medicine was given desultorily, as will happen in some cases, the child was well by the fourth day. Now my treatment was effective enough to satisfy any one; but I am not satisfied with my diagnosis, or rather my lack of diagnosis. Is it rheumatism? or is it some fermentative disease of the bowels? or, is it some definite infectious disease?

Speaking of the salicylate of soda, I use it in what is ordinarily termed biliousness with excellent results.

I am using anhalonium lewinii in my uric acid cases with most gratifying results.

By the way, there are two most excellent features in THE WORLD to my notion. First: the consideration of diseases according to the season. Second: the talks on political questions. I am glad to see a medical journal take so advanced a position on such important subjects.

E. I. RAYMOND, M. D.

Sunshine, Col.

Yellow Fever. Is it a Nemesis?

"Epidemics have been the misfortune of barbaric ages; they would be the shame of our own age, if with all our civilization we knew not how to oppose them excepting with vain palinodes."—Burggraeve.—But do we?

Editor MEDICAL WORLD:—I am perforce compelled to defer the continuation of my dosimetric story, having been caught here by a local quarantine and cut off from all my books, records, etc.; and, as the whole country has been thrown into a state of panic and frenzy by the report of a few dozen cases of mild yellow fever which may turn out to be aggravated dengue in the end, so it may interest your many readers more at this time for me to discuss the great scourge of the South from the standpoint of my experience with it from the terrible epidemic of 1853 down to that of 1879. Some of the important points of controversy have been settled since then, and no well-informed physician upon the subject to-day will deny that it is an exotic and is always of foreign importation; neither will he contend that it is contagious. But the fight and controversy over the solution of the etiological x and diagnostic y in the problem of yellow fever is as hot, fierce and senseless as ever; in which miasms! exhalations! mephitic gases! each have their advocates as a solution of x, while that of y is such a conglomerate mass of contradictions that to a looker-on it is plainly evident that all parties are in error and have no clear comprehension themselves of the subject they are discussing. Yet it is extremely doubtful if one physician in a hundred, even of those living in the yellow fever zone and most interested, know of the successful solution of x seventy-five years ago by Dr. Audouard, of France, which time and subsequent history have demonstrated to be correct; or of the solution of y by Dr. Domingos Freire, of Rio Janeiro, nearly twenty years ago.

What then was Audouard's solution, you ask? Instead of being "the mal de Siam," as it was called in the West Indies upon its first appearance there, he demonstrated that its *specific infection* was born upon the high seas of filth, "the peculiar filth of another race," found in the vile holds of the infamous African slave ships, which for two hundred years or more trafficked in human lives between the Old and New Worlds, and then became the medium by which this specific infection was transported back and forth, from port to port, wherever they cast anchor. Dr. Audouard was one of a commission appointed by the government of France in 1821 to investigate the cause of yellow fever, and after three years patient, laborious investigation of the disease wherever it had prevailed, he found, first, that the ports of debarkation for the slave ships,

Digitized by Google

with but few exceptions, became points for the development and spread of yellow fever. Second, that in the ports of the Old World where yellow fever prevailed, especially in Spain, where from 1800 to 1823 over 140,000 persons died of the disease, in nearly every instance an innocent-looking brigantine or bark was found anchored, having lately arrived from Cuba, and discharged a cargo of tropical products, was undergoing repairs. Inquiring into the past history of those vessels developed the fact that they had last carried a cargo of African slaves through the "horrible middle passages" to Cuba, and were completing their yearly round by bringing a cargo of West Indian products to these ports in Spain on their way back to Africa for another cargo of slaves. In most cases the workmen employed upon the repairs of these vessels were the first victims, and he mentions one instance in which the hold of the vessel was so foul and offensive, and the workmen fell sick so rapidly, that it was weeks before the repairs were finished, owing to the difficulty of obtaining new workmen; and by that time a destructive epidemic of yellow fever was raging through the whole town where not a single case had existed previous to the arrival of this ship with its foul prison pen (the hold) reeking with the specific infection.

I cannot now give further facts or arguments adduced by Audouard to sustain his theory, but I will say: It was too soon after the abolition of the slave trade for England and the United States to relish such a report, and as Audouard failed to obtain the imprimatur of the French Academy, it was a good excuse for them to shelve his report and prevent its publicity, and so successfully was this done, that the copy of his brochure, presented by himself to the leading medical society of London, was found upon the shelves of its library covered with dust sixty years afterwards, with uncut leaves. I leave it to your well-informed readers to say whether or not the subsequent history of this disease, both in this and the other hemisphere, taken in connection with that of the infamous traffic to which it owes its origin, does not confirm and establish Dr. Audouard's theory beyond a question of a doubt.

Of Dr. Freire's discovery and splendid work I can only speak briefly: In 1880 he discovered and isolated the pathogenic microbe of yellow fever; and after years of patient cultivation and attention, was charged officially by the Brazilian government in 1883 to test its efficacy as a prophylactic by vaccination. In the epidemic of 1894-95-96 in Rio Janeiro he vaccinated 6,942, of which number 15 died of the disease later—scarcely 2 per cent.; while of the non-vaccinated during the same epidemics, 2,317 died. What a wonderful contrast and result! But unfortunately Dr. Friere, like Dr. Audouard, was under the ban of the schools; being a follower and ardent admirer of the illustrious Burggreave. He made his medical report to the Society of Dosimetric Therapeutics, of Paris, and it was quietly ignored by the schools and medical scientists generally—what bigotry!

In conclusion I will say: If it is genuine yellow fever prevailing on our southern coast at this time, there will be enough of it left in December to make a continuation of the subject interesting in December WORLD; but I am inclined to think from the reports up to this date, that it is only Dengue in an aggravated form. This remarkable disease is in many respects a twin sister to yellow fever in its appearance, but has always been regarded as harmless till the epidemics of 1885 and 1893, when it caused a number of fatalities; but as it always accompanies la grippe and yellow fever, by preceding, mixing with or following these diseases, its fatality may be derived from them.

Finally, if any of the brethren are thinking of venturing into the infected regions, and are not immunes, let me give them an almost infallible dosimetric prophylastic prescription. Take no alcoholic stimulants, and avoid excesses of any kind; then take one granule of arseniate of strychnine, gr. $\frac{1}{134}$, and two of quinine hydroferrocyanate gr, $\frac{1}{6}$ every hour or two till six doses are taken a day; take also two granules of sufide of calcium, gr. $\frac{1}{6}$, four or five times a day; they can be taken with the first named granules. Take no purgatives,

Digitized by Google

and end each day with the dosimetric trinity at bed time, occasionally taking a heaping teaspoonful of seidlitz salt in a glass half full of water before breakfast, followed by sucking the juice of half a fresh lemon. This general prescription should be kept up for the first ten days of exposure, then omitted and two granules ars. stryc. and two tablets Nuclein (Aulde) taken four times a day to sustain vital energy and repair waste.

W. L. COLEMAN, M.D.

Navasota, Tex.

An Anti-Malarial Tonic.

Editor MEDICAL WORLD:—I must say that I am well pleased with THE WORLD. It is the duty of every physician to take it, and assist in getting new subscribers. Your answers to letters of inquiry are commendable, owing to the fact that you give them good intelligent advice, and call to your aid in many cases the best specialists in the country. And then you do not resort to your advertising pages, and tell them to give so-and-so, and so-and-so—proprietary preparations, as I used to see in another journal. Such sordid selfishness disgusted me, so I ceased taking the journal.

I wish to call the attention of your readers to, not a new prescription, but a very valuable one, which on account of its simplicity is probably overlooked by many. I prize it very highly as a tonic and alterative, where the liver and kidneys are torpid, which we see so often in malarial localities. Most excellent results will follow the use of the following in properly selected cases:

℞—Tinct. chlor. iron.	. .	oz. iss
Fowler's sol. arsenic	. .	dr. j
Bichloride of mercury	. .	gr. ij
Syrup simp.	. . . .	oz. iij
Water	. . . .	oz. iss

M. Sig. One teaspoonful, in water, three times a day, one hour after meals.

J. D. MIDDLEBROOKS.

Bryan's Mill, Tex.

[This magazine is devoted to legitimate medical journalism, and has no other interests to serve. Its reading matter is devoted to aiding the busy doctor in his daily duties. Many thousands seem to think that we do this successfully, but there is "room for thousands more" on our subscription books. The Doctor's suggestion that all should aid in getting new subscribers is appreciated by us, and we hope that it will be acted on by our readers. We yield a limited number of pages to advertisements of a proper sort, but we have no proprietary interest in any of the articles advertised. Advertisements are a good thing in their place, and no wide awake physician can afford to neglect them; but this magazine has no other interests than genuine medical journalism—no college, publishing house nor manufacturing establishment to "boost," and belongs to no clique and has no entangling alliances whatever. In fact it belongs unreservedly to the profession. It is of, by and for the profession, and for physicians to use for the advancement of the profession.—ED.]

Fecal Abscess—Notes.

Editor MEDICAL WORLD:—There are many cases that come to a doctor in which the indications for treatment are vague and ill-defined. In many more there is room for an honest difference of opinion. Several methods may be applicable, by any one of which the doctor may guide his patient along the road to recovery. But some few instances occur in which there is no doubt permissible, when there is absolutely but one thing to do, and that one thing must be done, or the doctor is unfit for his trust.

Among the latter I would place the following case: A few weeks ago a gentleman was brought to my sanatorium, said to be suffering with piles. The gluteal region, from the scrotum to the sacro lumbar articulation and far beyond both ischia, was red, erysipelatous, brawny and actually crackling with the infiltrated gas. There was a large opening from the rectum into the perirectal connective tissue. Four large incisions were made, from six to nine inches in length, to evacuate the gas and an immense quantity of fecal matter and pus. The stench was so great and the abscess so extensive that instead of attempting to irrigate, we put the patient into a tub of warm permanganate solution and let him soak for an hour or more, twice daily. Oakum pads were ordered to receive the drainage, the cavity being packed with iodoform gauze.

Just why gangrene did not set in must be set down as one of those mysterious

Digitized by Google

dispensations for which we cannot account. He was given strychnine arseniate, gr. $\frac{1}{30}$, quinine arseniate, gr. $\frac{1}{8}$, and the tincture of the chloride of iron, gtt. xxx, every four hours. The bowels were kept open by salines and thoroly aseptic by calcium sulpho-carbolate, fifty grains daily. This was a case in which I made use of Eskay's albumenized food, with very good results.

The case has progressed favorably, the orifice in the rectum has healed, and the huge incisions are rapidly closing up. There is but little discharge (three weeks after the operation), and that of a healthy nature and entirely free from odor.

The moral I wish to draw from this case is that any point of inflammatory inclination found in the neighborhood of the anus should at once be opened by a free incision without waiting for fluctuation; and this rule is imperative, no delay being admissible. Every day increases the danger, and, as in this case, a week's procrastination allowed the patient to get into a desperate condition, with a bare possibility of recovery.

The physician was so far right in that there really exists a ring of external hemorrhoids, which had nothing, however, to do with the really dangerous fecal abscess. As soon as the wounds have healed I shall operate by my "new method." I propose to transfix the piles by a needle armed with a double ligature of pure rubber, drawing the piles well out, cut thru the skin, and clamp the cords lightly with a metal clamp. The elastic will give very little pain as compared with silk ligatures, and will cut thru in much less time; saving the patient nearly all the suffering and lessening the danger of the wound being infected. I have used this operation several times with excellent results. Unless some hitherto unthought of trouble arises, I shall never again apply anything but a rubber ligature to a pile.

Dr. Drummond's case (page 428) of prostatitis may be solved by applying the following therapeutic principle: When a morbid condition not essentially incurable persists in spite of well directed treatment, there is a cause continually in operation, or else the vital powers are not equal to the task of setting up the process of repair. I would suspect that the urethritis was due to micro-organisms, not necessarily gonococci, and that foci of them exist beyond the reach of the urethral medications; and from these foci fresh swarms are sent out to invade the urethra and reproduce the disease. I found this to be the case in a case of gonorrheal endometritis that was speedily cured by the europhen-aristol in petrolatum, but constantly reproduced by a discharge from an infected Fallopian tube, into which I could not get my medicine. This case was cured by galvanism, the negative pole attached to the intra-uterine electrode and the positive over the affected tube, the current being as strong as the patient could bear, and continued from three to thirty minutes, beginning with the former. I would suggest this method to Dr. Drummond.

But the colony may be attacked in another way. No corner of the body affords a hiding place to the microbe that is secure from the sulphides. I would give calcium sulphide, from one to four grains daily, with arsenic sulphide, gr. $\frac{1}{67}$, four times a day, and continue until the body becomes saturated with these remedies. These remedies dispose of the first possibility.

To bring up the vitality to the point of setting up the reparative forces, we have the powerful forces of hygiene: good food, fresh air, rest, exercise, salt bathing, change of air, etc. No one has a right to pronounce a case incurable when these agencies have not been employed. Then there is the roborant medication: iron, quinine, strychnine, arsenic, cod liver oil, etc.

In Dr. Walton's case of goiter (page 429), the administration of thyroid extract might well be expected to relieve the symptoms due to the disease, but could scarcely be expected to cure the glandular affection itself. That would be a queer sort of homeopathy.

The use of iodine for goiter does not now meet with the success following its introduction, for several reasons. It is no longer a "new remedy;" it is not given in full doses; and it is not persisted in for a sufficient period. The action of absorbents and tissue remedies

Digitized by Google

is at best slow. It is necessary to give them for long periods, and this age is in a hurry and surgeons are hungry. The absorbent medication is based on the principle that diseased tissues are feebler than the healthy, and break down more readily; hence the object is to produce as much effect as possible without affecting the normal tissues. Use the most active iodine preparations, hydriodic acid, Lugol's solution, arsenic iodide, or iron iodide if the patient needs iron. Increase the dose until the patient begins to show signs of influenza, then lessen slightly and keep as close to the point of iodism as possible.

Electrolysis is also of great value in goiter, and in suitable cases I would prefer these methods to enucleation.

In regard to indurations on the penis, mentioned by Dr. Markley (page 420), I have succeeded in removing them by daily rubbing with mercury oleate, and giving the iodide of sodium, gr. xxx. to xlv., daily, in divided doses, well diluted. It has become habitual with me in the use of salines, to dissolve the daily dose in a pint or quart of water, and have the patient drink it during the 24 hours. This insures the full dose being taken; and this is more important than the equal intervals between doses for half the day with no doses at all during the other half, which is the usual method.

Women who have masturbated rarely enjoy sexual intercourse naturally (page 430).

WILLIAM F. WAUGH, M.D.
103 State St., Chicago.

Post Mortems.

Editor MEDICAL WORLD:—On page 377 of the September WORLD I notice your remarks regarding post mortems, and your request for reports from "small places."

For nearly fourteen years I have practiced in my native town among the Connecticut hills, a small village surrounded by a farming community. During the summer months our population is considerably increased by people who come to our hills from New York and other cities. During my practice it has been my almost invariable custom to ask the privilege of making an autopsy in blind cases, and I believe I have never been refused. Within the past week I have made to me a most instructive and interesting one.

The patient was a man 32 years old. I did not see him professionally until within two weeks of his death. At that time he presented extreme emaciation and excessive jaundice. The history of the case gave the beginning of the trouble about two years ago, when he had an attack of "simple jaundice" (so I was told), from which he recovered. This was followed soon after by another, and this by others, till about six months ago, when it seemed to take a chronic form. There was no history of pain at any time.

When I saw him it was a case of starvation, and all my efforts were directed toward nutrition, but without avail. Having once seen a case quite similar, and finding at the autopsy a malignant tumor in the head of the pancreas, by pressure completely closing the common bile duct, I thought this also to be malignant. A prominent New York physician who was spending the summer here saw the case with me two days before his death. His diagnosis was cirrhosis of the liver. Assisted by the physician referred to I made an autopsy the day following death. The liver, spleen, pancreas, kidneys, and in fact all the organs appeared normal.

The bile duct, however, was completely closed for about half an inch of its length, so that it was impossible to get a probe through it in either direction. Our idea was that as a result of repeated attacks of catarrhal duodenitis, which had involved the duct, it had gradually sealed up from inflammatory adhesions.

Some two or three years ago I sent you the report of an autopsy which I made in the case of a man who died suddenly in a butcher's shop without apparent cause, and which showed complete consolidation of both lungs. I think I received as many as twenty letters from physicians in different parts of the country, who saw in the report a similarity to some case they had had, and upon which they were in doubt, and did not have the opportunity of finding the cause of death. One wrote in substance: "I am too old to begin now, but

Digitized by Google

I advise all young physicians to make all the post mortems they can."

Sign: One who has taken
THE MEDICAL WORLD
from its first issue.

[Accompanying the above article came a most modest letter. The writer asked that his name be not published, as he is "only a country doctor." This shows what a "country doctor" can do. Many thousands of our readers in all parts of the country can do the same. In many parts of the country post mortems are a great rarity and many valuable lessons are buried out of sight. Consent can usually be obtained if tact is used. The knife is no more cruel than the worms. The man, woman or child is fortunate to contribute to the advancement of science, even in death. As a final argument you can say that there is a movement among the doctors all over the country to investigate obscure cases by post mortem examinations. This not in the interest of science alone, but in the interest of humanity—the highest function of science is the service of humanity. We hope to hear of more frequent post-mortems in all sections of the country. —ED.]

On the Use of Chloroform.

Editor MEDICAL WORLD:—The material of the following article has been collected within the last ten years or more, in part from medical periodicals, and contains, I hope, nearly all that a physician should know in using chloroform.

I have divided the subject into the following chapters:

I. *Different Mixtures.*

Many different mixtures have been used, of which the followlng are the most common:

1. 200 parts of chloroform, 60 of ether and 60 of alchohol.
2. 3 parts of chloroform, 2 of ether and 1 of alcohol.
3. 1 part of chloroform, 3 of ether.
4. 2 parts of chloroform, 1 of alcohol (very recommendable.)
5. 3 parts of chloroform, 1 of alcohol.
6. 5 parts of chloroform, 1 of oleum terebinthina.
7. 1 pound of chloroform, 1 fluid dram of amyl nitrite; used largely in Indiana.
8. Chloroform and oxygen. This is the best and safest of all, because complete anesthesia is produced in a shorter time than with other mixtures; it also requires a smaller amount of chloroform, and under its use the cheeks and lips have a rosy, healthful color, and the blood from the wound is bright red. There is less nausea and little shock, and consciousness is quickly regained. The pulse usually slows the more, the more the patient is anesthetized, but it is full and strong. The mixture is obtained by passing oxygen under pressure through chloroform.

For local anesthesia for about five minutes, a mixture of 10 parts of chloroform, 15 of ether and 1 of menthol may be used as a spray.

II. *Comparison Between Chloroform and Ether; Indications and Contra-indications.*

The danger from chloroform is immediate; from ether the danger is remote, at a later stage, or days and weeks afterwards, especially when the kidneys are affected. Ether may cause suppression of urine, vesical irritation, uremic symptoms, bronchitis.

Chloroform is *indicated* in:

1. Chronic endarteritis occurring in those advanced in years.
2. Chronic inflammatory affections of the respiratory tract and advanced pulmonary disease.
3. Organic diseases of the nervous system.
4. Operations about the head and upon the brain.
5. Renal diseases, acute and chronic.
6. When ether has produced deleterious effects at some former time.
7. Chronic alcoholism.
8. When the galvanic cautery is to be used in the neighborhood of the mouth or air passages.
9. Old age; children under 6 months.
10. Puerperal eclampsia, where an immediate effect is required.
11. Night operating with artificial light.
12. During labor, especially in the second stage. It shortens it, prevents

Digitized by Google

shock and exhaustion, reduces the liability to rupture of cervix and perineum. It does not produce uterine inertia or post partum hemorrhage. It does not affect the fetus. In a normal childbirth complete anesthesia is not at all necessary. The inhalation of a few drops of chloroform during each attack of pain is sufficient.

13. In military and naval practice, on the battlefield, altho otherwise strongly contraindicated.

Chloroform is *contraindicated* in:

1. Surgical shock.
2. Epilepsy.
3. Spina bifida and hydrocephalus.
4. When there is tendency to syncope.
5. Fatty heart and chronic valvular disease.
6. Acute alcoholism; delirium tremens.
7. Fatty liver.
8. When the person is already under the influence of chloral hydrate, even in obstetrical practice.

III. Preparations before applying chloroform.

Examine organs of circulation and respiration, the condition of the *radial* pulse and pupil (contraction and dilatation) of both eyes.

If the patient is very nervous, give brandy or a hypodermic injection of morphin and atropin, or a mixture of morph. hydrochlor. and neutral sulphate of sparteine. After morphin less chloroform is required, and it operates quicker.

As the vapors of chloroform are very irritating to the superficial nerves of the mucous membrane of the respiratory tracts, reflex accidents are liable to occur, most likely to affect the heart, especially in the early stages; therefore, in order to avoid this danger, it is well to first spray the nasal passages with a 10 per cent. solution of cocaine, which may be repeated every half hour, if the anesthesia is prolonged.

Have the tongue-forceps on hand.

Remove or loosen tight clothing and false teeth.

Chloroform should be given only in the recumbent position, and not in a sitting or lateral one, as these interfere with respiration and favor heart failure.

Chloroform should not be given during stomach digestion.

IV. The administration of chloroform.

Pay no attention to the operation, but only to the chloroforming.

The period of great danger is mainly in the early stages.

In the primary stage, which is one of excitement, the feeling of apprehension may in a measure be overcome by a few encouraging words.

Chloroform should not be inhaled through the nose, but through the mouth. Compress the nose to prevent reflex spasms of the glottis and other reflexes.

Discard the cone; use a napkin or mask. Some recommend the "Esmarch" inhaler.

Commence with holding the inhaler two or three inches from the mouth and gradually bring it nearer, but never exclude the air, as the chloroform vapor should always be well mixed with air. The mode of inhalation is known to constitute a cause capable of producing fatal results. A too hasty administration of the vapor produces a too rapid saturation of the tissues, and consequently dangerous consequences. Never be in a hurry in giving an anesthetic, as much time and difficulty will be saved thereby.

Keep up and well forward the lower jaw during the entire period of anesthesia.

Watch the effect on pulse, but especially on respiration and pupil. See that the breathing is regular. A few short inspirations or a holding of the breath is followed by an unusually full and deep inspiration; when this comes, remove the inhaler. Encourage the patient to breath regularly.

The pulse is accelerated just before and in the beginning of the narcosis; during complete narcosis there is a diminution of the number of beats, but this diminution is gradual.

The pupil has a regular cycle while the patient passes under the effects of chloroform. It is at first dilated and active, it then becomes contracted, and lastly it becomes dilated and fixed. The first is a sign of imperfect narcosis, the second of complete and safe narcosis, and the third of danger of imminent narcosis of the respiratory centre. There is still a third possibility for the pupil

Digitized by Google

to be widely dilated, viz: on account of reflex irritation from the periphery, while operating, for instance, in the peritoneal cavity. Under no circumstances should narcosis be pushed to the extent of full dilatation of the pupil. It must therefore be kept in a middle position between contraction and dilation. Any material dilatation means "look out!" The patient is either coming out of the narcosis and developing reflexes or going too far into it. In the first case the pupil is active and other reflexes (shallow respiration, vomiting or movements) will follow; in the second the patient is stertorous, the pupil sluggish and the eyeballs fixed. In the first case the indication is for more chloroform; in the second, for its suspension till contraction recurs. If the pupil is read in this way, all interference with respiration or the heart can be avoided. In deep narcosis the eyes have a middle position and stare straight ahead.

So long as the cornea-reflex is present (moving of the eyeballs, twitching of the lids on touching the cornea), narcosis is not deep enough. Neither is it complete when the conjunctiva becomes insensitive; but it is complete, when the anterior surface of the trunk is insensible to touch.

For all ordinary operations a contracted pupil should be maintained, but in abdominal surgery it is sometimes necessary to combat the violent sympathic irritation by pushing chloroform till there is a slight narcosis dilatation of the pupil. Beyond this it is useless as well as dangerous to go.

When complete anesthesia has been reached, the inhaling may either be stopped and resumed on signs of returning consciousness, or maintained by giving chloroform only drop by drop.

With children it is better to use Junker's inhaler, so that whether they scream or hold their breath, only a limited amount of vapor can be taken in. An overdose is thus avoided. In these cases it is my practice to give cholorform till contraction occurs with slight stertor, and then suspend the administration until some slight reflex is seen, then to give a little more, and so on. I do not think that the pupil is quite so reliable as in the adult, as sudden overdosing with fixed dilatation seems sometimes to occur. Possibly the pupil-reflex is imperfectly developed. This, I am sure, is the case with the corneal reflex, which is quite unreliable as a sign of narcosis in children. Slight stertor is the reliable indication. (Arthur H. Ward.)

V. Irregularities and disturbing effects during the inhalation, and their treatment.

If the patient should *struggle*, take hold of his wrists, allow motion of arms and apply a gentle pressure on the shoulders.

The *tongue* may fall back and close the glottis, the patient then becomes blue, pulse irregular, with embarrassed respiration. Extend the head and throw the lower jaw forward; this acts on the hyoid bone, elevates the epiglottis and opens the glottis, admitting a free ingress of air. Use tongue-forceps, if necessary.

Mucus in the pharynx or larynx may seriously embarrass the breathing. It can be removed by lowering the head and turning the face to one side, thus allowing it to flow into the mouth, where it can be readily removed by a sponge or wad of cotton attached to a pair of artery clips.

The excessive *coughing* produced by the respiratory irritation may be overcome by giving less concentrated vapor until the irritation disappears.

If in the beginning *vomiting* should threaten, tell the patient to take a deep breath, and to hold it; keep up the lower jaw; if vomiting should follow, lower the head and shoulders, turn the patient to one side and wipe all the vomitted matter from the mouth. When the patient vomits, the pupil dilates also; but if immediately before the vommiting the pupil was contracted, more anesthetic may safely be given; it will stop the vomiting, for it is a reflex showing that the patient begins to awake; but if the pupil was in the middle position between contraction and dilatation just before the vomiting, it is a sign of irritation of the medulla, and giving more would have the worst results.

If *cyanosis* should appear, rapidly invert the patient, draw out the tongue, swab out the mouth and pharynx, and, if resuscitation is not immediately se-

Digitized by Google

cured, perform tracheotomy as low down as possible, followed by artificial respiration, after Sylvester's method.

Before complete anesthesia is produced, there may be a *respiratory spasm.* The main symptoms of this condition are fixation of the lower jaw, cessation of breathing, cyanotic countenance, the blood from the wound dark, venous. Remove the inhaler and allow fresh air. Northrop suggests to force the lower jaw forward, failing in this, grasp the tongue with the forceps and make rhythmical traction. Others dash ether on the epigastrium, or make sudden pressure on the chest. The breathing still continuing to be shallow and intermittent, artificial respiration should be performed until certain that life is extinct or normal respiration resumed.

When the *breathing* becomes very rapid, danger is near; if it stops entirely, place the ball of the thumb of the open right hand (the operator standing on the left hand side of the patient, facing him) upon the patient's chest at a point between the apex beat and the sternum; press with a quick, strong movement at the rate of thirty to one hundred and twenty times to a minute. Force the lower jaw forward, or grasp the tongue with the forceps and make rhythmical traction. Lower the head.

Every sudden modification of the *rate or volume of the pulse* should be guarded. If the pulse should become small and hard, admit more air. If it should become weak and fast or intermittent and thready, danger of syncope is imminent. Stop the chloroform, lower the head of the patient, elevate the extremities and make quick, firm pressure with the hand over the precardium at the rate of 120 times a minute. This forces the heart to contract. Favor, by rubbing, the propulsion of the blood through the capillary network of the skin. Dilate the sphincter ani by stretching with the thumb towards the coccyx. Or use the following means: inhalations of oxygen, or of amyl nitrate; hypodermic injection of ether, dilute aromatic spirits of ammonia, or 1 dram of the following "collapsing mixture": benzoic acid, 23 gr.; Camphor, 15½ gr.; rectified spirits 3 drams.

The most dangerous *asphyxias* are those in which the pulse suddenly ceases, though the respiration may be deep. The heart stands still and the pupils dilate without reaction. Such cases of cardiac syncope are more common in the beginning than during narcosis. If this is successfully treated, the further course of the narcosis may be uneventful, as the asphyxia may be due not to a primary action of the heart, but to reflexes of various kinds (from the nasal mucous membrane, from fear of the operation, etc.).

Any *atypic sudden change of the pupil* from contraction to dilatation from the first, or vice versa, indicates danger. Chloroform should be suspended and fresh air admitted. Complete dilatation of the pupil may occur in the very beginning of the narcosis in drunkards, or in very nervous patients with too large doses of chloroform. The individual may throw himself about, speak, cry and breathe and the pulse cannot be taken on account of the thrashing about. The chloroform must be removed immediately, till this threatened paralysis of the nerve centres has passed away and the pupils have contracted.

The change of the *facial expression* from an anxious countenance to one of apathy and depressed features is a sign of near danger. Here chloroform should be removed and fresh air admitted.

The *color of the ear* is quite a good index in chloroforming.

Other means of resuscitation. Ice into the rectum. Holding the patient upside down. Rectal injections of valerianate of ammonia and whisky, one ounce of each; or of a mixture of digitalis and strophanthus. Intravenous or subcutaneous injections of $\frac{1}{100}$ grain of nitroglycerine in 1 dram of brandy, or of a dilution of amyl nitrite.

Faradization of the phrenic nerves; one electrode on the thorax over the sixth intercostal space, right side, the other over the right phrenic nerve, just outside the carotid, on the neck; a moderate current.

The methods of resuscitation should not be stopped too soon.

VI. After effects.

Vomiting is less likely to occur when the patient sleeps the narcosis off and is

Digitized by Google

not aroused. To stop or prevent vomiting, put a handkerchief moistened with vinegar in front of the nose, letting it remain until consciousness returns.

VII. Other uses of chloroform.

As a *hemostatic*, applied on lint or absorbent cotton to a bleeding surface, it promptly stays the flow and leaves no blood crust.

In *colic* from lead-poisoning or from other causes, ten drops of chloroform in water, every half hour if required, relieves the pain.

Chloroform as a *local irritant*. A few drops of chloroform poured on a folded napkin and firmly pressed on the skin has in a few moments the same effect as the best mustard poultice. Pressed on the seventh vertebra it has checked quickly an incessant, dry, nervous hacking cough.

As a *hypnotic*. The inhalation of a scant ½ fluid dram of a mixture of two parts of chloroform and one part of alcohol, after going to bed, will produce sleep as soon as the chloroform has been inhaled. The person passes from the incomplete narcosis directly into an apparently natural sleep.

In *incarcerated hernia* complete narcosis has been known to induce spontaneous reduction; if it should fail it will make the taxis much easier.

F. G. OEHME, M.D.

Roseburg, Oregon.

[We wish to commend the above, as showing how careful, patient study concentrated on one subject for many years, can produce an article that thousands of our readers will doubtless preserve for future reference. Earnest, long continued study on one subject will produce results worth presenting to the profession. Each one of our readers can do it. This kind of study will benefit you much more than desultory reading. You should keep up fairly well with the general thought, and at the same time pursue some special study until you have finished it and reported your results, and then take up another. Ten years of this kind of work will raise you above your surrounding competitors.—ED.]

"The Medical World" is sometimes called a medical society, meeting every month in your office, if you are a member. Membership fee only $1 per year. It is the largest medical society in the country. Can you afford not to be a member? Join to-day.

Treatment for Nightly Erections.

Editor MEDICAL WORLD: — In your Oct. number I find a letter written to you by Dr. S. C. Drummond, of Columbus, Ohio, stating that he has a patient 45 years of age, suffering with nightly erections and no desire for sexual intercourse. If he would examine the rectum he no doubt will find hemorrhoids or ulcers there, and if he will remove the same his patient will be cured. He may also have a long tight fore-skin or a small meatus. If he would circumcise the man and enlarge the meatus he would receive remarkable results.

Chicago, Ill. L. M. TURBIN, M. D.
Columbus Memorial Building.

Membranous Croup.

Editor MEDICAL WORLD: — There seems to be considerable confusion in the minds of many medical men as to whether membranous or true croup and diphtheria are one and the same disease, or whether they are separate and distinct diseases. The bacteriologists tell us they are both caused by the same germ, the Klebs-Loeffler bacillus, and that the membrane is in the pharynx in one (diphtheria) and in the larynx in the other (croup). But I for one am not yet ready to accept the bacteriologists' "ipse dixit" on this point, and feel sure that there are thousands of your readers who are my "country cousins," and who will agree with me that membranous croup is a separate and distinct disease, having characteristics of its own. Although it might be complicated by diphtheria, it usually is found in sporadic cases where there has been no diphtheria. Diphtheria is a constitutional disease with a local manifestation, whereas croup is purely a local disease. Diphtheria is infectious, whereas croup is not.

In ten years' practice I have seen something like a dozen cases of croup in the country where there was no diphtheria, and in none of the cases was there any effort made to prevent other children from taking it, and in none of the cases was there any sign of infectiousness. Does any one believe you can expose from one to a dozen children to each of a dozen cases of diptheria and not have a single case follow in their wake that is directly traceable to some of the dozen

Digitized by Google

cases? I believe country doctors are in a better position to make a diagnosis of membranous croup than the city doctors, from the fact that the country doctor can often know that there has been no possible chance for the contraction of diphtheria, whereas the city doctor can never be sure that there has been no chance for infection.

In all the cases of membranous croup which I have ever seen, I have never seen but one case get well; and that was one on whom I performed intubation by the O'Dwyer method. The following is a history: Oscar, age six years, had been subject to hoarse spells, was brought to me on September 6, 1897, very hoarse; breathing labored, very little cough; had complained of being hoarse for five or six days before, and had been gradually getting worse. Aside from these symptoms, he was feeling very well; appetite good. Diagnosis, membranous croup. I have tried in other cases about all the approved remedies, namely: pilocarpine, iodide of lime, vapor from slacking lime, turpentine, fumes from boiling water, and coal oil internally and externally. None have ever done any good, neither in cases before nor in this case. I do not believe any medicine has yet been used that has very much curative virtue in croup, although I heard a man report having cured four consecutive cases with coal oil. Now I am sure he must have been mistaken in his diagnosis, or his coal oil "got there" better than any I have ever used.

I used the above remedies on this case; he grew steadily worse till on the night of Sept. 7th it looked as if the end was very near. With only such help as the family could render I performed intubation with comparative ease. Within five minutes he was breathing much easier, and in fifteen minutes he was asleep and continued to sleep very well the remainder of the night. (The operation was done about 11 p. m.). The tube gave him but little inconvenience except in swallowing, and he was allowed to be up and about the house during the day and he slept well at night. The tube was removed after being in position eighty-one hours. His breathing continued good, and the hoarseness gradually disappeared. The tube will not, of course, save every case, but it offers all the hope of relief in these distressing cases, and there is no good reason why it should not be used oftener.

G. G. THORNTON, M. D.

Gravel Switch, Ky.

[We suppose this will start the annual diphtheria discussion. All right. It is important, and should be discussed until it is settled, and settled right.—Ed.]

Membranous Croup.

Editor MEDICAL WORLD:—If your correspondent in Camden, N. J., who, in your June number, stated his desire for a better method of treating membranous croup, will use *lac sulphur* in his next case he will, without doubt, find it eminently satisfactory in that much dreaded disease.

About two years ago I read of the wonderful discovery, by a Parisian savant, of a specific for membranous croup, I believe he was awarded a medal, or something of the sort. The remedy was nothing more nor less than simple lac sulphur, which I had used in my practice for twenty years, with unvarying success.

I have frequently suggested it to other physicians, and never found any one who had even heard of its use in croup previous to my recommendation. I have always found it a specific for any form of croup, spasmodic or otherwise. I have seen the little babe, with a mute, agonized appeal for help on its white face, rapidly turning black and choking to death, a moment after the administration of one dose evince signs of relief; and, in a few more minutes fall into sweet slumber.

One teaspoonful of lac sulphur stirred with a wooden spoon or the finger in about three ounces of water; a teaspoonful of this given every fifteen minutes, or until relief follows. Syrup of ipecac is a valuable adjunct, of course, in ridding the throat and stomach of accumulation of mucus, a distinguishing feature of the disease.

I regard membranous croup as a distinct disease from diphtheria; and will say that my method of the treatment of the latter, by means of tannin, gum acacia, and carbolic acid gargle; muriated tincture of iron and quinine admin-

Digitized by Google

istered internally; as soon as possible clearing out the bowels with aloes combined with soda; and bathing the throat continually with glycerine, satisfied me through my first experience of the epidemic in 1860—seventy cases in two months—when I did not lose a single case; and it has never failed me during thirty years of later practice except in case of two children where help came too late.

I do not give prescriptions here, as more modern science seems to have driven out older methods, and physicians appear to prefer jabbing a syringe into the flesh. All the same, my confidence in treatment which has satisfied me fully in severe cases remains unabated. C. H. WINSLOW, M.D.

44 Manhattan Ave., New York City.

Rapid Reduction of Edema.

Editor MEDICAL WORLD:—Sept. 12, '97, I was called to see E. M., aged 49, married, multipara. Had severe attack of la grippe two years ago, from which she never fully recovered. Eight years since last confinement. Now pregnant, expecting to be confined in about three weeks. She was plethoric and swollen from feet to head to almost twice her natural size and suffering with a dyspnea that was almost unbearable. Could remain in the recumbent posture only a few minutes at a time. Heart action, bowels, etc., regular. I prescribed the following:

℞. Pulv. digitalis,
Pulv. scillæ,
Pulv. buchu . . . āā dr. ss.
Potass. nit. . . . . dr. iiss.
Hg. cl. mit. . . . . gr. iv.
M. Div. pl. No. xl. Sig. One every three hours.

Two days later I was hastily summoned. On my arrival I found that the edema and dyspnea had entirely disappeared. About two hours previous to my arrival she had been taken suddenly with alarming uterine hemorrhage, and had lost so much blood that the pulse was very thready, face pale and lips livid; she was in an unconscious condition. The blood still flowed when the uterus contracted. The os was dilated to about the size of a silver half dollar. I gave her hypodermics of strychnia. Consciousness gradually returned and in less than hour labor was completed with but little loss of blood after the first hypodermic of strychnia. The woman made an uninterrupted recovery.

Now, three questions: In her condition, what better treatment could I have given her? Did the treatment have anyhing to do with the hemorrhage and the premature labor? Did the attack of la grippe two years previous cause any predisposition to hemorrhage?

Dr. Muller, in the New York Medical Journal, in writing of the evil effects of influenza on the reproductive apparatus in women, says: "Abortion occurs in an exceedingly large proportion of cases accompanied by excessive hemorrhage." . . . . "Hemorrhage occurs in cases of amenorrhea."

The case was an interesting one to me. The rapid disappearance of the swelling and dyspnea, the sudden onset of hemorrhage, the short time in which labor was completed, etc.

Let us hear from the Editor and WORLD readers. G. F. JONES, M.D.

Georgetown, Del.

[The first indication was to reduce the edema, which was done very promptly. I see nothing in the treatment to cause either the hemorrhage or the premature labor—indeed, *was* the labor premature? The "count" of patients is often three weeks out of the way.—Ed.]

Theory and Therapy of Tobacco Habit and of Tuberculosis.

Editor MEDICAL WORLD:—Remembering a promise made you in an article in the October WORLD on "Tobacco and Tuberculosis," I send you this.

As nearly as I can gather from observation, from those who use it and from writers on the subject, the effect of a dose of tobacco on one who is accustomed to take it, is to relieve mental irritability and depression, to quicken the heart's action, to promote digestion and peristalsis, to increase the flow of urine and promote a general feeling of well-being. These evidences of improvement in the functions of the system very naturally cause the user of tobacco to think that it does him good. And as the effect of the dose taken begins to pass off, and he finds himself irritable and his pulse slow and labored

Digitized by Google

and his whole system sluggish, he very naturally repeats the dose of the drug and obtains the relief sought.

Preceding and accompanying tuberculosis there is usually a condition of lowered vitality, sluggish circulation, deficient secretions, indigestion and general malnutrition, which predispose to the disease and hinder recovery. Tobacco, by relieving these symptoms, doubtless helps to ward off the disease.

Why then is it not rational and to be commended? Are there any evil effects from its use? If so, what are they? Can the evil effects be avoided and the good obtained?

Studying the subject in the light of knowledge obtained from a book by Alex. Haig on "Uric Acid as a Factor in the Causation of Disease," I am convinced that, owing to errors of diet, a condition of lithemia of more or less intensity is very common, and in meat eating races almost universal.

Haig's investigation convinced him (and testing them clinically have convinced me) that uric acid circulating in the blood thickens the blood, contracts the arterioles, produces a general sluggish circulation, causes anemia and general malnutrition. This appears to be just the condition that precedes tuberculosis, and just the condition that tobacco helps. So it is. But how does it help? In the light of Haig's investigations I am convinced that it does it by lowering the alkalinity of the blood, thereby causing the uric acid to be held back in the tissues, being retained in those parts least alkaline. The blood being thus freed from uric acid, the system is relieved of all the depressing effects which the uricacidemia causes. I know this is not in accordance with the views that are most generally held concerning uric acid. It is generally held to be the result of suboxidation and lowered vitality, rather than the cause.

But if Haig's conclusions have been disputed by any investigator who has given the subject the same attention he has, I am not aware of it. Besides, my own clinical experience has convinced me of the truth of most of his deductions. Among the most important of which are that: Uric acid formation has a very constant ratio to urea formation of about 1 to 35; that uric acid excretion below the ratio of 1 to 35 to urea excretion means uric acid retention; that uric acid excretion in excess of this means either direct introduction of uric acid, or substances readily converted into it, or previous retention; that uricacidemia causes slow pulse and general malnutrition. These discoveries rightly understood and acted upon, I am convinced, equal in importance any made in the domain of medical science within the century, not excepting anesthesia or antiseptics. My conviction is that the nicotine of tobacco in the system is converted into uric acid, but it also lowers the alkalinity of the blood, thus causing the uric acid to be precipitated out of the blood into the tissues; so that while we get from it an improvement, it is but temporary; for as soon as the drug is left off and the blood begins to regain its normal alkalinity, it dissolves the uric acid from its stores in the system and causes a return with added intensity of the symptoms for the relief of which it was taken. This calls for a renewal of the dose, and so the habit becomes confirmed, and gradually the dose is likely to be increased. The storing of uric acid in the system causes various disturbances, some of which were mentioned in my previous article. And when with advancing years it is no longer possible to hold back the stores of uric acid by additional introduction thereof, it flows out into the blood and very materially hastens the decline of old age. These bad ultimate effects of tobacco are not so noticeable as they would be but for the fact that many people who do not use tobacco, do use tea, coffee and an excess of meat, which in their general effect upon the system are almost identical with tobacco.

Believing that tobacco produces its feeling of well being by clearing the blood of uric acid, though it really adds to the amount in store in the system, and that the difficulty of discontinuing the drug is because of the resulting uric-acid-emia that is sure to follow from the redissolving of those stores, it occured to me to hold back the uric acid by giving something to keep down the alkalinity of the blood while getting the uric acid into a more soluble combination than it

Digitized by Google

is accustomed to form with soda or potash. I learned also from Haig that salicylates are more active in eliminating uric acid in a condition of lowered alkalinity.

Hence my plan is to give substances to lower the alkalinity of the blood and to follow it in about half an hour with a moderate dose of salicylate. Haig's investigations discovered a large list of substances which increase the acidity of the urine and lower the alkalinity of the blood. My practice has been in the main to give ten to fifteen minims of acid. phos. dil. before meals, and five grains of am. salicylat. or of salol after meals, and continue them for some time; telling the patient that he will find that he will gradually crave his tobacco less, and as he craves it less he should use less of it; and that in that way he will be able to gradually leave it off without missing it. With this treatment he not only gets rid of the tobacco habit, but to a large extent gets rid of the cumulative effects of his previous indulgence. His skin clears up and his general system performs its functions without the tobacco much better than it did with it.

Believing that the principal cause of tuberculosis is the condition of malnutrition, and that the condition of malnutrition is principally due to uric-acid-emia, my treatment of tuberculosis is identical in its fundamental principle with my treatment of the tobacco habit. It is briefly to limit the introduction of substances which are readily converted into uric acid; to eliminate the uric acid stores, carefully guarding in doing so against causing an excess of uric acid in the blood in the process of elimination.

Diet: In an article on the "Chemistry of Foods and Nutrition" in the Century Magazine for May, 1887, Prof. W. O. Atwater says on page 66: "There is still another class of nitrogenous substances in meat which though so small in quantity as often to be left out of account, are nevertheless extremely interesting. These are known in the chemical laboratory as creatin, creatinin, carnin, etc., and are designated collectively as extractives."

"Chemists find certain analogies between these extractives from flesh, and thein and caffein, the active principles of tea and coffee, which they likewise resemble in their stimulating effect. Some people find in meat a stimulating effect approaching that of wine." "The extractives are similar to alcohol in that they do not form tissue, flesh or fat. They apparently have no effect as fuel. In brief they are stimulants rather than nutrients."

Haig's investigations convinced him that butchers' meat, meat soups and meat extracts, eggs, fish, tea, coffee and tobacco caused an accumulation of uric in the system.

In the article by Prof. Atwater above referred to, on page 73, he says: "In Germany, where the subject has been most thoroughly studied, it has come to be commonly accepted that about 4.2 ounces of protein, 2 ounces of fat, and 17.6 ounces of carbohydrates will make a fair daily ration for a laboring man of average weight doing moderate work."

Food containing these different classes of nutrients, in something near these proportions, must be supplied. Certainly the amount of available protein must not fall far below the daily average of 4.2 ounces. This can be supplied in the form of gluten, casein, etc., thereby avoiding meat with its extractives. The Battle Creek Sanitarium Food Supply Co.'s products are a great help in this.

My treatment of tuberculosis by this method has been mostly limited to the pretubercular condition, but I have tested it in one active case, and so far the results have been highly gratifying. I have treated, I presume, fifteen or twenty cases of the tobacco habit with complete success.

My paper is already long, so I will close for this time and will give you more of clinical experience later.

E. CHALLEN SCOTT, M. D.

Maxwell, Iowa.

Poisoning by Native Plants, Similar to Belladonna Poisoning.

Editor MEDICAL WORLD:—On page 419, October WORLD, is a report of belladonna poisoning, by Dr. Erskine. I suggests if there were *berries* in the coffee, they were solanum nigrum (black nightshade), a common weed in our country. Berries black, size of a small cherry. It

Digitized by Google

belongs to the same natural order (solanaceae) with belladonna, physiological effects analogous. The symptoms given by Dr. Erskine are exactly those produced by the seed of datura stramonium, jimson (*i. e.* Jamestown) weed, or thorn apple. This belongs to the same natural order, properties analagous. The Pah-utes and Hualapais, and perhaps other Indian tribes chew a few (a very few) seed and swallow the saliva. They say they cannot indulge more than twice a year, recovery from the effects being too protracted. The symptoms are very much like those described by the doctor: a species of intoxication; dilated pupils, vision deranged, hallucinations, dancing, weeping. Some fall down, some run; different individuals affected differently. These symptoms last about twelve hours.

Please continue your monthly talks "pro bono publico."

Charleston, W. Va. W. G. EWING.

The Injection Treatment for the Relief and Cure of Hernia.

Editor MEDICAL WORLD:—In September I received a letter from a physician in the West, stating that the medical society of which he is a member had selected as the subject for discussion at the next meeting the relative value of the various treatments for hernia. He was assigned to present the injection method; but, as he had no experience with that treatment, and had read only my articles on the subject, he asked me for further information. The following is copy of my reply:

"Your request that I give you additional information concerning the injection treatment for the relief and cure of hernia, that you may present the subject to your medical society in a fair and unprejudiced manner, is herewith granted. You have my assurance that I will endeavor to give facts concerning the different treatments as they exist, and not as we prefer them.

"A physician's duty, when taking charge of a case, is to cure the patient if it is within his power to do so. If that end cannot be attained, the nearest possible results thereto should be accomplished or the greatest amount of relief administered. It is also necessary to consider the best means to accomplish the above results.

"At the present time the surgical operation and injection method are the only treatments for the cure of hernia that are at all satisfactory.

"According to the latest statistics, the surgical operation is continually becoming less dangerous and more successful. But, however safe and efficient that treatment may be, only a small percentage of those afflicted will consent to it unless in case of 'life or death.'

"Reports from fourteen of the principal hospitals in this city show that there were about one hundred operations for hernia last year, and that the mortality from the same, not including cases of strangulation, was 4 per cent.

"Applying the rule from the United States Army reports, that the average number of men ruptured equals one to eight, there must be at least 100,000 people thus afflicted in Philadelphia and vicinity. Allowing another hundred operations outside of those hospitals, it would bring the proportion of those undergoing the operation to the total number ruptured, 1 to 500.

"Of course, the above calculations are not accurate, as so many conditions must of necessity be taken into consideration; but it does give a relative estimate of those undergoing the operation compared with the number afflicted. Granting it is only half 1–500, it still remains that 249 out of every 250 ruptured people prefer to depend simply on a truss for relief, unless they know of a mild treatment.

"When one considers the large number of people afflicted with hernia, and the danger, annoyance and torture the majority are constantly enduring, is it not time that the medical profession give more attention to perfecting treatments that will overcome the objections the laity so much abhor?

"However valuable *any* treatment may be in itself, if those needing such treatment will not avail themselves of it, it is of minor value. Or, vice versa, even an inferior treatment, if acceptable to the mass, will accomplish much more good. It is now 'the greatest good to the greatest number.'

"The injection treatment, as now

Digitized by Google

given, overcomes the principal objections the laity so much dread, and which prevent them from undergoing an operation. Past experience has certainly proved beyond question that it is a safe and efficient treatment when properly given. At the present time it is comparatively unknown; but, as soon as the physicians and laity realize the efficacy of the treatment, the majority of those afflicted will be anxious to derive the benefits it affords.

"During the past four years I have given over two thousand injections, and now have over three hundred patients who have received the treatment. I know of no one in that number who has experienced any ill results from said treatment.

"My opinion now is, all uncomplicated, reducible cases of hernia in healthy people can be cured, or the opening entirely closed. What percentage of permanent cures can be effected by this treatment, so that the patient may dspense with a support of any kind, I cannot say, as many of the patients neglect to continue as soon as they are made comfortable, or think they are cured. The percentage of those who are cured, or have no hernia after two years from time of last treatment, compares favorably with any reliable information I can obtain concerning those who have had an operation, after the same length of time.

"Indirect inguinal ruptures are the most satisfactory to treat, and generally require only one or two treatments to entirely close the canal.

"My first experience with this treatment was not at all satisfactory, as the results in many cases were not permanent. The fault was not with the method, but due to the fluid used, and from my lack of experience.

"Physicians frequently ask me if it is safe for them to give the injection treatment without any special preparation. My opinion is, a physician should make careful study of the anatomy of those parts before giving the treatment. He should have more than a general knowledge of the affections and complications that closely resemble hernia, as well as be able to diagnose readily the different kinds. It is absolutely necessary to know accurately where and where not to give the injection.

"Recently I received a letter from a surgeon, stating that he had treated several cases by the injection method and was much pleased with the results. He was of the opinion, however, that no one should attempt to give treatment until after a thorough study of the subject.

"One of the best known surgeons said to me—after he had given a few treatments—'I consider it requires greater skill to give the injection treatment properly than to perform the operation.'

"To give you an idea of what can be accomplished by this treatment, a case or two will be mentioned.

"Wm. W., age 20; height 5 feet, 11 inches; weight 200 pounds; kind, indirect scrotal. He had been ruptured six years and had never worn a truss. The rupture was large and always came down when he stood up, and caused him considerable annoyance. He received his first treatment Saturday, May 18, 1897; when he returned the following Tuesday it was tested by having him walk around the office and cough, all without a support of any kind. (It is not advisable to test the results so soon after treatment.) There was not even the slightest indication of weakness. He received another treatment the following week and, from all indications, at present is cured.

"Mr. R.; height, 5 feet 7 inches; weight, 140 pounds; kind, R. I. I.; size, medium. He is 37 years of age, had been ruptured since birth and had never worn a truss. When he came to me his rupture was about the size of a small orange and always came down as soon as he stood up. He received the only treatment Monday, January 4, 1897, and on the following Friday rode from Philadelphia to New York on his bicycle and returned the next day. A week later he came again and gave me permission to show the results to a gentleman who had called to see about taking treatment. It was tested by having him cough while in different positions. Then the gentleman present was asked to tell which side was ruptured. He said the left; and, on being told it was the right, could hardly believe such a thing pos-

Digitized by Google

sible. As the patient is a thin man, the slightest weakness could have been detected with the eye, but none existed. He is cured at the present time and going without a support.

"The length of time ruptured, or size, makes very little difference as far as the results are concerned, as those of the longest standing and largest size yield as readily as smaller ones and of recent occurrence.

"The points of merit in the injection treatment are briefly stated as follows:

(1) Simplicity, safety and efficiency.

(2) No cutting, no anesthetic needed. Does not require detention from business.

(3) If at any time there is evidence of weakness, an occasional treatment will remedy the difficulty.

(4) The large percentage of the afflicted who will undergo this treatment.

(5) The large percentage of permanent cures effected. The exceedingly small proportion of the incurable cases that cannot be practically cured or be made comfortable and rendered free from danger of strangulation.

"When I am able to cure, or practically so, 90 per cent. of the cases and greatly benefit the remainder without any unfavorable results, is there any other less objectionable treatment that offers an equal amount of success? Is not this treatment designed to become one of the greatest blessings to suffering humanity of any in existence?"

The following is the formula I am now using:

R—Zinci sulphas	gr. ij
Creosoti	♏ iij
Ext. hamamelidis, fluid . .	♏ xxx
Glycerini	♏ xxx

M. Sig. Inject 2–4 minims.

My rule is to allow the effects of the previous treatment to disappear before giving another.

C. FLETCHER SOUDER, M. D.
1607 Arch st., Philadelphia.

For Vomiting of Pregnancy.

Editor MEDICAL WORLD:—I find no remedy so prompt in relieving sickness, dizziness or vomiting of pregnancy as a single vesication over the 4th and 5th dorsal vertebra with cantharides plaster. The only objection is the soreness afterward.

F. M. SHIRK, M.D.
Lincolnville, Kans.

Concerning Collections.

Editor MEDICAL WORLD:—Collections and how to improve them is one of the most troublesome questions that is presented to the majority of physicians. In my opinion, the cause of poor collections is that, to the general public, the physician does not stand in the light of a business man, but as a convenient person to be called in when needed, and one to be paid only when there is no way out of it. It is not uncommon for a patient to come in the office, be examined, prescribed for, and, as the prescription or medicine is handed to him, say: "Doctor, I will pay you as soon as I get the money." I am sure that this little comedy (it assumes a tragic appearance in my office) has been acted in the offices of the majority of the brethren, and especially of those in the country. I have met persons who even believed that a physician could not, under the law, refuse to treat them.

The sooner such illusions are dispelled and a practice brought to a strict business basis the better. Physicians have told me that such a thing is impossible; that they would lose half of their practice, if they followed my advice. I maintain, however, that this would not be the case; and, in making this assertion I speak from experience. Even if they did lose half of their practice, to me at least it is far preferable to cut one's practice in half and be paid for it, than to have a larger practice and be paid for only half of it. I have found that the non-payment of doctor bills is a habit more than anything else, and one that can be broken if proper steps are taken.

When I located in this section of Louisiana, twenty-six years ago, I found the creole contract system in use among practitioners, and, coming to Rome, I had to do as the Romans did. A contract was made to treat a family for one year at the rate of so much per head. Half of the fee was to be paid at the expiration of six months (which, by the way, was never done), and the other half after the harvest. At that time it was easy to borrow money on little or no security, and, as a result, every one was a planter. Another result was that, at the end of the year, a majority of the planters were in debt to the merchants, and naturally

Digitized by Google

their crops passed into his possession, and the practitioner was left minus his fees. For him to seized property or sue for non-payment of his bill was unheard of; so the old bill was added to one still older, another contract made, and things went on as before.

As soon as possible this system was abolished, but this was not accomplished until 1880. For five years after this time I did what countless physicians still do. I treated anyone and everyone, answered every call, spent a large part of my spare time in making and sending out bills, and received but little money. Finally I grew tired and disgusted, and turned over a new leaf. I brought my practice to a strict business basis, and the result was surprising.

Through experience I know those who can and will pay me, those who can and will not pay, and those who really cannot pay. I have my regular patients upon whom I can depend. From those who cannot pay me I select my charity patients. With the other class I have established rules that I seldom break. When I am sent for I require cash or good security, otherwise I refuse to go. If the patient is from a plantation, I require an order from the owner or manager; and if any objection is made to bringing it, I say that if their employer will not trust them they must not expect me to do so.

If a man is making a crop with supplies advanced by a merchant, I require a letter from the merchant saying that he will be responsible for my bill. When a bill is unpaid, I refuse further treatment until some provision is made for it. My bills are sent out regularly on the first of each month.

It is surprising how soon people become accustomed to such rules, and, after they have been enforced for a little while, how seldom one is asked to break them. Wives of laboring men, especially, have even thanked me for enforcing these rules, saying that since this is done, they and their children are better off, and theirr husbands do not squander the money.

This is the system that I have introduced into my practice, and that, too, in the face of sharp competition. The result is that I do less work than formerly, make more money, live better, and am better able to give my children a superior education. This is due not to the times nor to the condition of the people, but to the way that I manage my practice.

SOUTHERN LOUISIANA.

Editor MEDICAL WORLD:—In answer to your questions, "How are your Collections?" I make the following replies:

1st. Slow, but fair.

2nd. A trifle better than last year. 1893, '94, '95, '96, very poor. 1892, fair.

3rd. Best in 1887, '88, '89, '90, '91.

4th. Worst from 1893 to 1897.

5th. Hard times. Competition. An overcrowded profession. Remedy, more business principles and no students. Send out bills on the first of every month in place of annually and semi-annually. Break up that old precedent; it is not business like to-day; it is a relic of antiquity. Have printed on all your bills in plain letters: "Bills rendered monthly," so as to train your patients to pay oftener, and if the bills are large, encourage part payments at short intervals. Encourage cash collections, even in instalments. Accustom patients to monthly payments. Lessen competition by discouraging men who think of studying medicine. Discuss its vicissitudes and poor remuneration. *Don't take students*, because they in nine cases out of ten become competitors and try to steal your practice—a case of using your own brains to beat you. This is *so*.

The first requisite of a physician is to be a gentleman. As soon as you find any of your professional brethren dishonorable, drop them. Do not consult with men who are not fairly honorable, except for a good, big cash fee, and in such cases use discretion and lecture them.

6th. Yes. Sending bills monthly, polite and repeated drumming and dunning. Prompt attention to those who pay; dropping delinquents and exchanging beat lists with others, and refusing attention to professional *beats* without the cash for each visit.

7th. No; I cannot live as well as formerly. Camden, N. J.

Editor MEDICAL WORLD:—A statement in regard to our local conditions: This portion of Colorado depends upon agriculture very largely, and to a

Digitized by Google

lesser degree upon raising cattle, sheep and horses. There has been, until the past few weeks, a steady decline in price of farm produce. The cost of production has exceeded the receipts therefrom, with the majority of farmers. Without considering the depreciated value of real estate and animals, most farmers are poorer to-day than four years ago. Many mortgages have been incurred to cover the difference between price and cost of production of farm produce. A few fortunate farmers have lost nothing, a very few have gained a little.

In answer to your questions, 1, 2, 3 and 4: Collections poorer the past year than since 1893, each year poorer than its predecessor. Collections best when agricultural products most valuable. (5) Poor collections due proximately to low price of agricultural products, this in turn due to increased value of gold, this in turn due to diminished amount of real money, by demonetization of silver. Remedy: remonetization of silver, or in any way increase amount of sound currency. (6) I try to collect bills by sending out statements of accounts three or four times yearly by mail, and by means of a personal collector to some debtors.

(7) Having become (to a small extent) a capitalist, I can live as well now as formerly. The larger a man's capital *invested in notes amply secured* the more fortunate financially he is in such times as these; all other property suffers from the present financial status. My business buildings command less rent, residence houses rent for less, farm lands rent for less, and horses are almost unsalable.

The scarcity of farm products in Europe, Asia and South America bids fair to much increase the price of agricultural products, and the exceeding large crops in the United States at an increased price, seem to prophecy a temporary prosperity. But this prosperity will be due to causes in no way related to the confirmation of the gold standard, nor to tariff legislation, but in spite of them.

Remember, these are the views of a person interested in agricultural prosperity, and in no way personally interested now nor in past in the production of silver.

Colorado. "GREELEY."

Editor MEDICAL WORLD:—In answer to your several questions on page 309, I will answer:

Question 1st. Can't possibly collect 10 per cent.

Question 2d. It has gradually grown worse since 1892.

Question 3rd. Back in the 70s and 80s.

Question 4th. Right now.

Question 5th. Bad legislation, both National and state.

Question 6th. Have not. I have been too lenient.

Question 7th. Cannot live near so well. Last spring I bought a residence in the city of Fayetteville for the purpose of going there to put my two boys in the State university, but times are so hard that I shall have to give it up.

I would advocate, as you do, Postal Savings Banks, ownership by the Government of railroads and telegraphs.

Sexton, Ark. R. C. RIDLEY.

Editor WORLD:—The following is a brief answer to your questions:—

1st. Collections were never as slow as at the present time.

2nd. The four years preceding 1896 were all poor years.

3rd. 1888, 1889 and 1890 were good years. Perhaps 1889 was the best.

4th. From 1892 collections grew worse, The past six months by far the worst of all.

5th. Hard times is the cause. Then comes the question as to the cause of hard times. To my mind there are many causes of hard times, chief among which, from a casual view, is the contraction of the medium of exchange. From a deeper and more philosophical view, it is the ever increasing selfishness of the unregenerated human heart.

6th. I do not regard the practice of medicine as a business. Relief of pain cannot be measured by money. Hence, if a man will not pay he injures himself more than he does me, and it will not do for me to demean myself and get down to his level by forcing payment for alleviating his own or his family's anguish.

7th. My income would be sadly insuf-

Digitized by Google

ficient to educate even a small number of children. This is for the same reason mentioned above, viz: The financial policy of the government. The people will generally pay if their business is good. M. T. MARTIN.

Merrimack, Wis.

Editor MEDICAL WORLD:—I have been located at this place since 1878, and I find that for the last ten years, collections have been getting more difficult. I use reasonable effort to collect, but my best patrons say they have no money. The causes, I think, are the low price of labor and farm produce, the great scarcity of money, high taxes, and high rate of transportation.

The farmer is at the bottom and has all the burden to bear. He is forced to sell his produce when ready for market at just what the speculator will give, and he is forced to pay an unjust burden of taxation on all he owns. Ex.-Gov. Buckner (of Ky.) said in his message to the Legislature in 1887, that "half a million dollars annually is collected in taxes from that class of our citizens least able to bear it." If we go on for the next ten years in the same way we have in the last ten years, I see nothing ahead of the small farmer, the laborer and the country doctor but absolute want and destitution. To relieve us we must have money at a low rate of interest, loaned direct by the Government, which money shall be a legal tender for all debts, public and private. We need transportation at cost, and that large land holdings shall be forbidden by law; also an income tax. To get all this we must have direct legislation.

Wingo, Ky. I. A. WESSON.

Editor MEDICAL WORLD:—I will answer your list of seven questions in August WORLD honestly and to the best of my ability:

No. 1. Collections are poor, *very* poor.

No. 2. Not so good as last year. Collections have been getting worse every year for the last twenty years, i. e., more men are dropping out of the paying list every year.

No. 3. They were the best just after close of the war, when everybody had work and got good wages in "greenbacks."

No. 4. They are the worst right now, and for the past two years.

No. 5. Causes, scarcity of the circulating medium, or money, and the low price of labor and farm products. I believe that an increase in *government money* (not *bank* money) would give impetus to all kinds of business, and put thousands of now idle men and women to work at living wages.

No. 6. I have made efforts to collect bills by sending a collector out every three months, but have not tried to force collections by law, as I do not want peoples' property; it would not pay my debts nor buy drugs.

No. 7. I *cannot* live nearly as well as I could thirty years ago, when everybody had money and everybody paid their bills, thereby giving me plenty of money to live and carry on my business on a cash basis. And I cannot afford now to send my children to college for the same reason. I made the money to go through college on by laboring as a farm hand, and have often received $2.50 per day for laboring on the farm. Now from forty cents to seventy-five cents per day is all a man can get for farm labor, and that price only during the busy farming season; the rest of the year he must *tramp* if he has no home.

Oakdam, Indiana. H. H. HOOKER.

Correction.

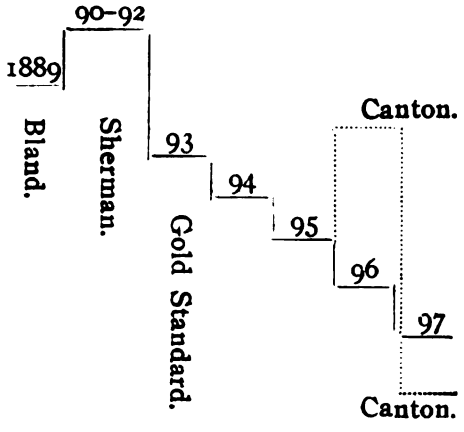
In the article entitled "For Black Eye," in Oct. issue, page 431, third line, "oxalic acid gr. x, aqua dr. j," should read oxalic acid gr. x, aqua oz. j.

"Prosperity" in Canton, O.

Editor MEDICAL WORLD:—I am much pleased with your "Monthly Talks," especially in August number. I also note your list of questions in regard to collections. By your kind indulgence I desire to answer the whole list by a diagram. As this is the home of "the advance agent of prosperity," you may wish to know how it works here. Let the horizontal lines indicate "prosperity" for the years indicated by their figures; the dotted lines the local condition in this city; the perpendicular

Digitized by Google

words, the financial policy of the period they indicate.



Starting with 1889, under the Bland-Allison policy as a base, prosperity goes up 10 per cent. in '90–'92 under Sherman purchasing clause; down 20 per cent. in the panic of '93, as a result of its repeal. Down 5 per cent. in each year since, under the gold standard. We had "a hot mustard plaster" here in the form of the McKinley campaign in '96, which sent our little local prosperity up 10 per cent., only to react and come down "with a dull thud," 10 per cent. below the main current, which is flowing on in its downward course with a mighty vengeance, and who can tell what the final result will be?

As a result of our "prosperity," our factories are closed, people are idle, storerooms and houses vacant, and many people leaving the city. Five meat markets on one street closed last month, and Mother McKinley's Flats, that rented for thirty-five dollars a month, are all standing idle, and even the saloon in her son's building has quit business. With these conditions prevailing, it will be evident that collections are poor—the worst they have ever been. They were the best in '90 to '92.

T. E. YOUNG,
1020 W. Tusc. street, Canton, O.

Dr. Ed. F. Bowers, of Pittsburg, Pa., successfully uses a few drops of acetic acid on sugar for hiccup.

Please do not write for more skin charts. *They are all gone.*

Current Medical Thought.

The Medical Laws of the States.

The following is a brief statement of the laws governing medical practice in the various States. Owing to amendments in nearly every Legislature we may have some errors, but we believe we are practically correct to date:

Alabama has a State Board of Medical Examiners, and each county has a Board of Examiners. An applicant for practice, if he is a graduate of a reputable college, must present himself for examination before the County Board in which he proposes to locate. A satisfactory examination entitles him to practice, and this certificate is good throughout the State. If he fails he may then appear before the State Board.

Non-graduates must appear before the State Board, and if they pass they receive a certificate to practice.

The State Board of Examiners is commissioned by the Governor through the counsellors of the State Medical Association; hence allopathic. The County Boards are elected by the County Medical Society.

No other State in the Union has such a law.

Alaska has no law as to who shall practice medicine.

Arizona has no law and any one can practice.*

Arkansas has a State Board whose duty is to examine any one who has no diploma. A diploma from a recognized medical school is accepted without examination.

California.—The law is that each applicant shall register his diploma from a recognized medical college, if he can do this; if not, he is rejected.

Cherokee Nation has an Examining Board. Graduates and non-graduates are subjected to the same examination.

Choctaw Nation requires a registration as a graduate of a reputable medical college, or else pass an examination before the Board of Medical Examiners.

Colorado has a State Board of Medical Examiners of six Allopathic physicians, two Homoeopathic and one Eclectic. A diploma from a recognized college of

* Arizona now has a law requiring a diploma and an examination.—ED. M. W.

Digitized by Google

medicine is sufficient for registration. A non-graduate must stand examination.

Connecticut has three Boards of Examiners—Allopathic, Homoeopathic and Eclectic. Graduates of recognized schools are required only to register. Non-graduates are required to be examined before the board they may elect.

Delaware has two Boards of Examiners—Allopathic and Homoeopathic. A diploma from a recognized school is required. Non-graduates are not allowed to practice nor to appear before either board for examination.

District of Columbia has an Examining Board. Graduates of recognized schools are only subjected to an examination.

Florida has two State Boards of Examiners—Allopathic and Homoeopathic. Applicants must pass examinations whether a diploma or not.

Georgia has an Allopathic State Board, an Eclectic State Board and a Homoeopathic State Board of Examiners. Non-graduates are not admitted. Diplomas from a recognized college that requires not less than three years of study is demanded.

Idaho has one State Board of Examiners, composed of three Allopathic, two Eclectic and one Homoeopathic. All applicants must stand examination whether graduates or not.

Illinois has a State Board of Health. Graduates of recognized medical colleges simply register. Non-graduates are examined.

Indiana has a Medical Examining Board of five members. At least one representative of the Allopathic, one Homoeopathic, one Eclectic, and one Physio-Medical represents those schools. The board requires a registration of diploma from a recognized school, or otherwise stand an examination.

Indian Territory has an Examining Board that requires graduates and non-graduates to pass a credible examination.

Iowa has a State Board of Health. If the applicant holds a diploma from a reputable medical college he may register. A recent law provides that a diploma from a school recognized as in good standing *admits only to examination* of the candidate. A medical student is permitted to practice under a preceptor only when he has taken two courses of lectures in a recognized medical college.

Kansas has but little medical law at this time.

Kentucky has a State Board of Health. The diplomas of graduates from reputable schools are approved, and they only are allowed to practice.

Louisiana has two State Boards of Examiners, Allopathic and Homoeopathic. Each applicant must have a diploma from a recognized school before he is subjected to examination.

Maine has a State Board. A diploma is not sufficient. An examination necessary.

Maryland has two Boards of Examiners, Allopathic and Homoeopathic. Diplomas from recognized medical colleges are necessary before being received for examination.

Massachusetts has a State Board. Each applicant must pass an examination unless he registers his diploma as a graduate from a reputable medical college.

Michigan has no State Board governing medical practice.

Minnesota has a State Board of Examiners. Each applicant for examination must possess a diploma from a recognized medical college.

Mississippi has an Examining Board. No diploma is necessary in applying for examination, but a credible examination must be passed.

Missouri has a State Board of Health. Diplomas of recognized medical colleges are registered without examination. Non-graduates must have taken at least one course of lectures before they can be subjected to examination.

Montana has a State Board. Each applicant for examination must have a diploma from a reputable medical college.

Nebraska has a State Board of Health that recognizes diplomas from schools in good standing that require a preliminary examination or attendance upon at least four annual courses of six months.

Nevada has no medical regulations.

New Hampshire has a State Board. Each applicant must be the possessor of a diploma from a recognized medical college.

New Jersey has a State Board. Any one passing a credible examination may practice.

New Mexico has an Examining Board,

Digitized by Google

but a diploma from a recognized medical college is sufficient for registration.

New York has three State Boards, Allopathic, Homoeopathic and Eclectic. Applicants for examination must have diploma from a school requiring at least three years.

North Carolina has a State Board of Examiners that are elected by the Medical Society of North Carolina. A candidate must pass the examinations.

North Dakota has a Board of Examiners. All applicants must pass examination in order to be admitted to practice.

Ohio has a State Board. Graduates of reputable schools are registered without examination.

Oklahoma has a Board of Examiners. Graduates from recognized schools are accepted without examination.

Oregon has a State Board. All applicants are examined. No diploma is recognized as sufficient qualification.

Pennsylvania has three Boards, Homeopathic, Eclectic and Allopathic. Examination necessary. Non-graduates not admitted to examination.

Rhode Island has a State Board of Examiners. Non-graduates only are examined.

South Carolina has a State Board. Graduates and non-graduates must pass examination.

South Dakota has no Examining Board. The law requires that each candidate for license to practice must present a diploma from a recognized school that requires at least three years.

Tennessee has a State Board of Examiners composed of representatives from the three schools of medicine, Allopathic, Eclectic and Homoeopathic. Any person wishing to enter upon the practice of medicine must present himself for examination. Non-graduates are allowed a *temporary* license. Two members of the board may grant a temporary license. The Board may accept a diploma from a reputable college as evidence of competency.

Texas has District Boards. Diplomas are registered with County Clerk.

Utah has a State Board that examines both graduates and non-graduates.

Vermont has a State Board of Examiners that exempts from examination those holding diplomas from recognized medical colleges.

Virginia has an Examination Board of twelve Allopaths and two Homoeopaths. The Board examines all applicants.

Washington has a State Board. Examinations are made upon graduates and non-graduates.

West Virginia has a State Board. All applicants must pass examinations whether graduates or not.

Wisconsin has a State Board of Examiners, three Allopathic, two Electic, and two Homoeopathic. Holders of diplomas from reputable colleges are free to practice without examination. All others are obliged to pass examination.

Wyoming has no State Board, and any one can practice.—Amer. Med. Jour.

Active Principles.

Morphine, strychnine and quinine have been in use so long we have almost forgotten that they are the chief active principles of opium, nux vomica and cinchona bark, to the exclusive use of which, in crude form, a four-mule team could not drag one of us. And yet they are the leaders and typical representatives of that class of therapeutic agents for the more general use of which I make my plea.

The efficacy of a drug, as a therapeutic agent, depends upon the active principle or principles it contains. It is true that many are complex in this particular, but most, if not all, have one dominant active agent that determines the scope of the drug itself, and just so true as the season and the conditions under which the crop is grown determine the amount of wheat to the acre, just so true do the same conditions determine the amount of active principle present in a given specimen of vegetable drug.

Therefore the preparations made from these drugs by weight must inevitably vary in the amount of active principle they contain ; and it would be just about as sensible, comparatively speaking, to grind up our wheat crop, straw and all, and try to live upon what might be gotten from the mess, as to go on using the various preparations from the crude

Digitized by Google

drugs gotten practically in the same way.

If our fluid preparations were true assayed products, known to contain each a definite amount of active principle in a given quantity, it would be different, but they are not. As a rule they are based upon so many pounds of uncertain crops (straw and all) to the gallon.

—Dr. W. C. Abbott.

Cause of the Malarial Paroxysm.

Dr. Judson Daland has done much investigating on the subject of malaria. In a pamphlet recently issued by him on this subject on page 11 he says: "The time of the chill is coincident with the breaking up of the mature pigmented malarial bodies into small spherical masses of protoplasm, which quickly attach themselves to and enter the red blood cells. Simultaneously a considerable quantity of poisonous materials, probably of a chemical nature, is thrown into the circulation, which is probably the chief cause of the chill, fever and sweat so characteristic of a malarial paroxysm."

Please see Order Blank on page xxii. Don't neglect to order Binder (only 35c.) which will accommodate any number of Worlds from one to twelve, advertisements and all if you wish. "The Physician as a Business Man" is well worth its price but we charge only half price for it Don't forget Visiting List. Those who use ours (different from all others) will use no other.

Formulas.

Some years ago we published a great many formulas of widely advertised patent medicines of all kinds, and as frequent inquiries are coming in again for same, we will republish a number of them, and add others with which we were not then acquainted. Physicians have a right to know the composition of the numerous preparations, more or less dangerous, that the people swallow in such wholesale quantities, in order that the deleterious influences may be counteracted, in case of an overdose. As we will now be giving our attention largely to the acute catarrhal conditions incident to the beginning of cold weather, we have collected remedies addressed to this class of diseases for this issue, and in succeeding issues will collect others suitable to the season, such as rheumatic and neuralgic cures, etc.

AYER'S CHERRY PECTORAL

Take of—

Acetate of morphia	3 gr.
Tincture of bloodroot	2 dr.
Wine antimony	3 dr.
Wine ipecac	3 dr.
Syrup wild cherry	3 oz

Mix. —Pacific Med and Surg. Journal.

ROYAL CATARRH CURE.

Our examination shows it to contain:

Muriate of berberine	.65 parts.
Carbolic acid	1.35 parts.
Common salt	98.00 parts.
Total (parts by weight)	100

—New Idea.

BOSCHEE'S GERMAN SYRUP.

Take of—

Oil of tar	1 fl. dr.
Fluid extract ipecac	4 fl. dr.
Fluid extract wild cherry	6 fl. dr.
Tincture of opium	4 fl. dr.
Carbonate of magnesia	3 dr.
Water	6 fl. oz.
White sugar	10 oz.

Triturate the magnesia, first, with the oil of tar; then with a mixture of the fluid extracts and water; filter and form a solution with the sugar by agitation, without heat.

BROWN'S BRONCHIAL TROCHES.

Said to be like the original formula:

Take of—

Powdered ext. of licorice	1 lb.
Powdered sugar	1½ lb.
Powdered cubebs	¼ lb
Powdered gum arabic	¼ lb.
Ext. conium	1 oz

—New Idea.

BUCKLER'S CROUP MIXTURE.

Take of—

Tartar emetic	2 gr.
Pulv. ipecac	40 gr.
Syrup of squills	2 fl. oz.

Mix. Dose: Teaspoonful every ten minutes until emesis occurs.

—Secret Nostrums and Systems.

BULL'S COUGH SYRUP.

We purchased one of the smaller sized bottles and submitted it to examination. The bottle, a so-called "four ounce," was deeply paneled, and contained three fluid ounces of a syrupy, reddish-brown liquid. Its composition is exceedingly simple, and we were unable to find anything except morphia sulphate with sugar house syrup as a vehicle. The morphia sulphate was present in quantities of about

Digitized by Google

three-fourths of a grain to a grain per bottle of three ounces It is also worthy of note that it contains a caution label which reads:

"*Medicine should never be kept within the reach of children. It is highly important to pay strict attention to the directions for taking Dr. Bull's Cough Syrup.*"

We have no reason to believe that it contains anything else of medicinal consequence than the morphia and sugar-house syrup.—New Idea.

CLEARY'S ASTHMA POWDER

Is stated to be made according to the following formula:

Take of—

Pulv. stramonium leaves,	30 parts.
Pulv. belladonna leaves,	30 parts.
Pulv. saltpetre,	5 parts.
Pulv. opium,	2 parts.

Mix.

A little to be burned and fumes inhaled.

—Chemist and Druggist.

DELLENBAUGH'S COUGH CURE.

Take of—

Picrate of ammon.,	2 gr.
Chloride of ammon.,	1 dr.
Extract of licorice,	1 dr.
Water.	3 fl. oz.

Mix, and form a solution.

Dose:—One fluid ounce every three hours.—Secret Nostrums and Systems.

GOOD SAMARITAN COUGH SYRUP

Take of—

Morphiae muriat,	1 gr.
Aq. lauro cerasi,	1 dr.
Syrupi,	2 oz.

Mix. 1 dr. to 2 drs. once or twice daily.—Secret Nostrums and Systems.

GULL'S COUGH MIXTURE.

Take of—

Cod liver oil,	1 fl. oz.
Fresh lemon juice,	1 fl. oz.
Strained honey,	1 fl. oz

Mix. Teaspoonful to tablespoonful three or four times daily.—Secret Nostrums and Systems.

GOOCHE'S MEXICAN COUGH SYRUP.

"The most certain, speedy and greatest remedy in the world for coughs, colds, consumption, bronchitis, . . . and all complaints of a pulmonary nature."

With a view of obtaining an insight into the composition of this highly advertised cough syrup, we purchased an unopened bottle, and our chemist, H. W. Snow, submitted it to examination. It comes in a square, deeply paneled bottle, with red label and black lettering giving uses and directions both in German and in English. The bottle contains a full three fluid ounces of a light-brown, slightly fluorescent liquid. We proved absence of alkaloids—hence morphine, opium, epecac and lobelia cannot be present—and also proved absence of tartar emetic. It contains large quantities of glycerine, syrup, and tar, also wild cherry bark. The following formula makes a preparation scarcely to be distinguished from the original preparation:

Take of—

Fluid extract wild cherry,	2 fl. dr.
Glycerine,	6 fl. dr.
Simple syrup,	2 fl. dr.
Syr. of tar sufficient to make,	3 fl. oz.

—New Idea.

GRANDMOTHER'S OWN COUGH REMEDY.

One green panel bottle contains 7½ fluid ounces of a brownish-yellow, semi-clear, very sweet, thickish liquid, of a tarry odor and pronouced taste and smell of chloroform. From a close examination we have ascertained that an exactly similar preparation is easily made in the following way:

Rub well together—

Liquid tar,	5 gr.
Fluid ext. hemlock,	1 fl. dr.
Powd. white sugar,	2 oz. av.

and add

Alcohol,	½ fl oz.
Water,	1½ fl. oz.
Molasses,	3 oz av.
Fluid ext. ipecac,	8 minims

Mix well and add finally

Chloroform,	1 fl. dr.

Mix.—New Idea.

JAYNE'S EXPECTORANT.

The following is given in New Idea as approximating this preparation:

Take of—

Syrup squills,	2 oz.
Tinct tolu,	1½ oz.
Tinct. camphor,	1 dr.
Tinct. digitalis,	1 dr.
Tinct. opium,	2 dr.
Wine ipecac	2 dr.
Antimon. and pot. tart,	2 gr.

Mix.

HALL'S CATARRH CURE.

According to an examination of this preparation made by us it contains gentian, cardamom, probably bitter orange peel and iodide of potash. We took it to be the compound tincture of gentian of the British Pharmacopeia, in which was dissolved potassium iodide. The following formula makes a preparation very closely resembling the original:

Take of—

Gentian root in coarse powder,	1¼ oz.
Bitter orange peel,	5 dr.
Cardamom seeds,	100 gr.
Potassium iodide,	1 oz.
Dilute alcohol,	sufficient

Macerate the crude drugs in 12 ounces of

Digitized by Google

dilute alchohol for 48 hours, then transfer to a percolator and allow to percolate slowly: when the liquid has ceased to percolate, pass enough menstruum through the percolator to make the finished product measure 16 ounces. In this dissolve the potassium iodide.—New Idea.

JACKSON'S COUGH SYRUP.

The following is the formula recommended by Prof. J. U. Lloyd, to be followed as a standard for the above preparation, which also goes by the name of "Compound Syrup of Morphine."

Take of—

Fl. ext. ipecac,	½ dr
Fl ext. senega,	3 oz.
Fl. ext rhubarb,	4 dr.
Sulphate morphine,	8 gr.
Oil sassafras,	22 minims
Syrup to make,	32 oz

—American Druggist.

MEIBOM'S PECTORAL BALSAM.

Take of—

Benzoin,	10 parts.
Dragon's blood,	10 parts.
Opium,	10 parts.
Bals Peru,	10 parts.
Spermaceti,	5 parts.
Butter,	10 parts.
Sweet oil of almonds,	50 parts.
Oil of turpentine,	100 parts.
Acetic acid,	2 parts.

Digest for some days, frequently shaking, and strain thru linen.

To be rubbed on the breast once daily and taken internally once or twice daily, in doses of ten to fifteen drops, for coughs and catarrh. —Secret Nostrums and Systems.

PISO'S CURE FOR CONSUMPTION.

Tinct. tolu,	½ oz.
Fl. ext. lobelia,	2 dr.
Fl. ext. cannabis indica,	2 dr.
Chloroform,	1 dr.
Sulph. morphia,	4 gr.
Tartar emetic,	4 gr.
Ess. mentha viridis,	10 drops.
Water,	9 oz.
Sugar,	14 oz.

Mix with fluid extracts, tincture of tolu, chloroform and essence of spearmint, and shake with the sugar in a bottle. Dissolve the morphine and tartar emetic in hot water, then add the water to the sugar in a bottle.

Dose:—one teaspoonful.—New Idea.

RED STAR COUGH CURE.

The Charles A. Vogeler Company are out with a new candidate for patronage in the quackery line, called the "Red Star Cough Cure," which title is their trade mark. They state that it is absolutely free from morphine and other narcotics, as well as emetics. We purchased a bottle of it, and have submitted it for examination, and find that it is a syrupy preparation of wild-cherry bark, with a little tar and slight trace of chloroform or chloric ether, with possibly a little bitter-almond added. It is put up in a green panel bottle, containing full three fluid ounces. It is a clear, reddish-brown syrup, of thick substance, has a very faint acid reaction; but has pronounced bitter-almond flavor, and tarry taste and odor.—New Idea.

CHILD'S COUGH MIXTURE.

Take of—

Syr. squills	2 dr.
Wine ipecac	1 dr.
Tinct. camphor comp.	1 dr.
Simple syrup	4 dr.
Water	3 oz.

Mix. —Secret Nostrums and Systems.

SMITH BROS.' COUGH DROPS.

Average weight of each drop	36.5 gr.
Sugar (and glucose in small quantities)	35 5 gr.
Powdered charcoal	80 gr.

Licorice in small quantities.

And highly flavored with oil of sassafras with a little oil of anise.—New Idea.

THORN'S COUGH MIXTURE.

Take of—

Hive syrup	2 fl. oz.
Paregoric	1 fl. oz.
Sweet spts. nitre	1 fl. oz.

Mix. Dose for an adult: One teaspoonful every two or three hours.

—Secret Nostrums and Systems.

PEEKSKILL'S COUGH SYRUP.

Take of—

Syrup of tolu,	5 fl oz.
Syrup of ipecac,	1 fl oz.
Paregoric,	4 fl. dr.
Syrup of wild cherry,	1 fl. oz.

Mix.

Heiskell's Tetter Ointment.

Heiskell's tetter ointment, according to the Western Druggist, is said to be simply cerate of subacetate of lead.

Need of the Times.

God give us men! A time like this demands
Strong men, great hearts true faith and ready hands:
Men whom the lust of office does not kill;
Men whom the spoils of office cannot buy;
Men who posses opinions and a will;
Men who have honor; men who will not lie;
Men who can stand before a demagogue
And damn his treacherous flatteries without w'nking;
Tall men, sun-crowned, who live above the fog
In public duty and in private thinking;
For while the rabble, with their thumb-worn creeds,
Their large professions, and their little deeds,
Mingle in selfish strife, lo! Freedom weeps,
Wrong rules the land and waiting justice sleeps.

J. G. HOLLAND, M.D.

Digitized by Google

Our Monthly Talk.

It is Sunday morning—bright and beautiful. I usually write the Monthly Talks on Sunday, for in the calm of the sacred day one can see both past and future in a truer perspective than in the bustle of week-day life. Besides, I feel that this is the Lord's work, and it is fitting to do it on His good day. I formerly thought that Sundays should be given to contemplation of, and preparation for a life beyond the grave. I now see that our *duties* lie on this side of the grave; and if we "do well here we will do well there." In fact, I now believe that our only possible service to God is our service to our fellow-men; it is arrogance to presume that God needs our help; but that men and the children of men need our help we see proof every day. There is ignorance to banish, dark places to light up, want to relieve, injustice to correct, etc., etc, etc. No better use can be made of Sunday than to prepare and plan for this work, and make God's earth a fitting place for God's creatures, and a fitting place to go from to the paradise beyond. This is the work that He has given us to do. The way we have neglected it is indicated in Mrs. Browning's poem, "The Cry of the Children." Here is one verse:

"The young lambs are bleating in the meadows,
The young birds are chirping in the nest,
The young fawns are playing with the shadows,
The young flowers are blowing toward the west—
But the young, young children, O my brothers,
They are weeping bitterly!
They are weeping in the play time of the others,
In the country of the free."

Read the entire poem if you have it at hand. It is good Sunday reading. It portrays child labor in the dark mines and among the whirling wheels of factories—and these things in Christian England and America! If Jesus were to return with his bleeding feet and sad face, what would he say of such Christianity? On this bright Sunday morning I feel like exhorting my brethren of the healing art to a Christianity that is really Christ-like.

These beautiful October days show the bountifulness of God to man, particularly in this God-favored country. There is no excuse for a single hungry stomach nor a single unsheltered head among us; nor any child wage-labor, nor any woman slavery in field, factory, sweat-shop or—those horrible abominations, the name of which I cannot write, and which exist only in Christian nations!

In the greed of man Satan finds his strongest hope; and in the gold standard, corporations, trusts, "vested rights," etc., he finds his most effective instruments. And with these instrumentalities he usually gets the church on his side. He is cunning!

Think of the thousands of dimpled babes in this broad land, enjoying the sunshine of this beautiful morning. Think of them a dozen years hence. How many will be at wage-service instead of at school? Think of them two dozen years hence. How many will have had opportunities to develop the proper kind of manhood and womanhood of which this Nation should be constituted? Unless we mend our ways, each generation will be a lower grade than the one preceding, for as the strength of the aggregations of capital increases, their selfishness will increase, and the oppression from them will increase. Shall we shamefully shirk these problems and leave them as a heritage for these innocent babes to grapple with when they grow up? What will they think of us then? The revolutionary fathers were not made of shirking stuff. Hence we are proud of them. Shall our children be ashamed of us? It is our duty to give every one of these babes an inheritance of broadest, noblest manhood and truest womanhood. We have great plenty of every necessary kind of wealth as a basis for this kind of an inheritance, if the opportunities to make this wealth available are properly distributed; but the corporations and trusts are tightening their grip, and the liberties of the people are correspondingly limited.

But a big pile of letters is before me, selections from which I must give you, so I must get at them. Unfortunately they all touch on the money question, and I wanted to give that subject a rest for awhile, and take up other subjects; for example, postal savings banks, transportation, postal telegraph, etc. These we will take up later, and if any feel inspired to write or ask questions, please let it be on the subjects just named. Let me here call attention to one thing: do you ever watch the stock market, and see how it is manipulated up and down, in a perpetual see saw? Stocks are watered, forced up, then down, investors are lured, then ruined, and thus fortunes are won and lost. The demoralization of habits and consciences and the baneful example to the youth of our land are not the least of the objectionable features of this unwise system. On the other hand, think of our postal system. No stocks, no bonds, no speculating, steady rates uniform to all, the people get the service constantly and the employees get good wages and reasonable hours. How much better it would be if all our public utilities, transportation, telegraph, banking, etc., were done in the same way.

But to the letters. The first I wish to notice (the only one of its kind) is as follows: Dr. J. J. Ball, of Deep River, Iowa, writes: "Please find 20c. enclosed for which send me THE MEDICAL WORLD for the remainder of the year. Expect to take it longer if you will exclude the "*silly*" talks on the finance problem in "Our Monthly Talks."

I immediately wrote the doctor to please send us something *wise* on the financial problem. It has now been over a month, and not a word of the "wisdom" has arrived. What can I do to get some gold doctor to write, showing how the gold standard benefits doctors. I have invited, begged and coaxed, but they say not a word. Shall I offer a

Digitized by Google

chromo? It is strange how a belief in the gold standard affects the better nature of men. They lose both politeness and toleration. Those who differ from them are "silly," have a "craze," entertain a "heresy," etc., and all the argument they offer is such phrases as "an honest dollar," "sound money," etc., implying dishonesty and unsoundness to the other side. A bad cause relies on ridicule and vituperation, while bombastically claiming all the virtues in the decalog. The thief cries "stop thief" first and loudest, until he deludes a lot of innocent followers to pursue the innocent victim. The guilty one not only escapes, but is praised for his "honesty," and other sterling virtues. Will the innocent followers of the gold standard schemers never see that they are being "used" to their own detriment.

Editor MEDICAL WORLD:—I have sent you two subscribers recently only on account of your monthly talks. Your liberal offer to publish both sides places dissenting brothers in the catalog of the intolerant, should they object to your talks.

When I attended lectures and enjoyed the advantage of listening to the great Paul F. Eve, I remember that one morning he opened his quiz with a question pertaining to our political institutions, whereupon the student objected to give a reply on the ground that he was "studying medicine, and not politics," to which Prof. Eve rejoined that he "would very much dislike to graduate a man who did not possess some general information, and who took no interest in the welfare of his country."

Do we live only to practice medicine a few years, drop out and leave our children to contend with possible despicable economic conditions that have developed by virtue of our indifference to social questions?

I don't know how other members of the profession feel, but for me I would consider myself a weakling and a diseased excrescence on society, were I satisfied in being *only a doctor*.

Clayton, Ill. H. J. PARKER.

Dr. D. J. Doherty, of Chicago, writes: "That sentence of President Smart, of Pardue University, sounds like a clincher: 'We don't exchange money with foreign nations we exchange *products*.' However, it is only a half truth! We pay and receive *balances* in money, and therefore we need our money to be in harmony with that of the most advanced nations."

No, we do not settle our balances in money. We usually settle them in gold or silver, but the gold and silver are in pounds and ounces, at the market price, just as any other commodity, and not in dollars, shillings, francs or marks. Under the multiple standard, with paper money, perhaps the same thing would be done, as gold and silver are convenient substances with which to even up balances. Perhaps we will some time have an international money to use for this purpose.

Dr. D. Boswell, of Wisner, Neb., writes: "If metallic money of every description were wiped out of existence, and no statutes defining of what a dollar should consist, and you should substitute 'the most rational material, paper,' what would be your unit of value to start from, when your 'dollars' of paper, for all values, will no doubt be the same size and weight?"

The law of 1792 did not say that a dollar should be or consist of 420 grains of standard silver, but it said that the dollar shall be *the value of* that amount of silver. Value is not a tangible thing; the dollar should not be. If we had never had any but paper dollars, maintained at the value of 420 grains of standard silver (the value, of course, to be measured in the commodities we constantly need—say an average among the leading commodities), our dollar would always have been normal, and this troublesome financial question would never have arisen.

Dr. P. Bakke, of Duluth, Minn., writes: "If this country were on a paper basis, and other countries on a metalic basis, how would the business and credit of this country be affected thereby?"

I do not advocate a "paper basis." Paper money does not mean paper basis. With the multiple standard, our standard would consist of gold, silver, iron, copper, wheat, wool, cotton, corn, etc. Paper would be the representative of the values residing in these various commodities. With this standard our foreign business would not be affected at all. See October WORLD, page 438.

Dr. C. H. Newth, of Philamath, Ore., prefers to call a bimetallic standard a changeable standard instead of a double standard, as when one metal would become cheaper the standard would really change to that, and vice versa. Call it so if you wish. The fact is that both metals would be in constant use, and the constant fact of the other metal being available would prevent either from varying materially.

He seems to be bothered with the postage stamp comparison, and says: "We buy postage stamps to use. In case we had a currency receivable for taxes, etc., instead of a promise to pay, would we not have to buy this money with real money, the same as we now buy postage stamps?" Suppose a postal clerk should want his salary paid in postage stamps; he would then be getting postage stamps without the use of money. That is the way the currency referred to would get into circulation—by being paid out for salaries, supplies and all other expenses of the government. This money would be as "real" as any other money.

Further, he says: "You say that a gold dollar is a 'deed to so much wealth.' Is it not in fact the wealth itself. In the case of realty we need a deed because it is, to say the least, inconvenient to carry our land with us;

Digitized by Google

so a silver certificate or a greenback is a deed to wealth which is inconvenient to carry, while a gold eagle is the wealth itself."

Yes. Where is your trouble? You don't have the deed to your land printed on gold of equal value to your land, do you? Why should the dollar be printed on gold? Is it not a waste of gold? Print the dollar on paper and use the gold in the arts. In the case of the silver certificate, the silver dollar which it represents is lying idle in the Treasury vaults. Why this waste of silver? Suppose you go and get the silver dollar. You do not want the silver unless you wish to use it in the arts, and in this event you destroy the dollar. You want money not for its own sake, but for what it will get—its exchangeable value. Its value is representative. Why should it be both real and representative when you want to use only the representative? The deed to your land is representative of your land. Why should you duplicate the value of your land in the representative instrument?

And yet, after all that has been said in these talks, Dr. D. Boswell, of Wisner, Neb., writes that "Uncle Sam could make and give us $1,000,000 as easy as $1 of scientific money." He seems to think that the value should be in the paper instead of the agreement itself. Suppose he were paying a debt by note, would he be as willing to write $1,000 as $100 in the note? It would be about as easy to write one as the other, but the meaning would be quite different. If Uncle Sam were paying for a service with a note that he must redeem by accepting it back at some future time for an obligation (taxes, customs, etc.) due to him, it would make a vast difference whether $1 or $1,000,000 is printed on the note. True, it would be about as easy to *print* one as the other; but the cost of the printing is not the thing, but the meaning of the instrument. You might get a blank deed and fill it out specifying the land which Philadelphia covers. That would be very easy; but to make the deed good would be a very different thing. In every instance that paper money has been issued within the redemptive power of the government issuing it, it has been successful (and there are many such instances on record). But whenever paper money has been issued on the theory that "it is as easy to make $1,000,000 as $1," it has ignominiously failed, and will always fail on such a wild, unreasonable basis. Dr. Boswell thinks that I would not receive his "promise to receive" note for his subscription to THE MEDICAL WORLD. If I were doing business with Dr. Boswell in a way by which I would be likely to be indebted to him to the extent of $1 during the year, so I would have an opportunity to use his "promise to receive" note, I would accept it at face value without hesitation. Or if he would get the endorsement of the City of Philadelphia, or the State of Pennsylvania, to which I pay taxes every year, or by "Uncle Sam," from whom I buy postage stamps, I would accept such "promise to receive" notes in any quantity, for they would always be worth par value. If this is not clear, ask more questions.

"Lex," our Republican lawyer student of the money question, sends us extracts from and comments on President Andrews' great book on bimetallism, which I hoped to incorporate in our talk this month, but the length is too great, and besides we do not want to give too much space to the money question, to the neglect of other important questions mentioned above. Would it not be well to follow the example of "Lex," and study this and all other leading questions in true student style, from all points of view?

Value.

Editor MEDICAL WORLD:—Value is a relative term, purely so. Absolute value is a nonentity. Value is a term used to express merely the relative desirability of articles compared with each other. This desirability is controlled largely, if not entirely, by the great law of supply and demand. No article can change, rise or fall, in value if measured in terms of itself; a ton of coal is always worth a ton of coal; a day's work, a day's work; a bushel of wheat, a bushel of wheat, etc., but a bushel of wheat may be worth a half, one, or two days' work; then it may be said to have risen or fallen when measured in days' work *but not when measured in wheat.*

From this last fact is derived our search after a measure of value for all articles.

Now the term value, expressing merely the relative desirability of articles compared with each other, it follows that of any series of articles considered for a measure of value, that one is best fitted for the purpose which keeps in closest touch with the articles measured. If it should be shown that any, say a dozen, articles have preserved a uniform relative value for a term of years, and then that the position of one has changed with relation to the rest (the one may remain stationary and the eleven change, or the eleven remain stationary and the one change, the effect is the same in either case), it would be shown that the one has gotten "out of touch" with the eleven. And it follows that in proportion as its distance "out of touch" is greater or less, its fitness as a measure of value is affected. And it follows further that if it can be shown that the tendency of the named article is to increase its distance "out of touch" with its fellows, its unfitness as a measure of value is *proven.*

Milford, Neb. S. P. TRACY, B.S., M.D.

[This abrupt ending was unsatisfactory, so I returned the letter with the following note:

"Doctor, kindly continue your argument, and bring out what your argument will prove to be the best measure of value. Yours, C. F. Taylor."

In due time the letter came back with the following continuation:]

To this end let us take the prices of those commodities which have been selected by the statistician of the Treasury Department as being the representative ones exported from

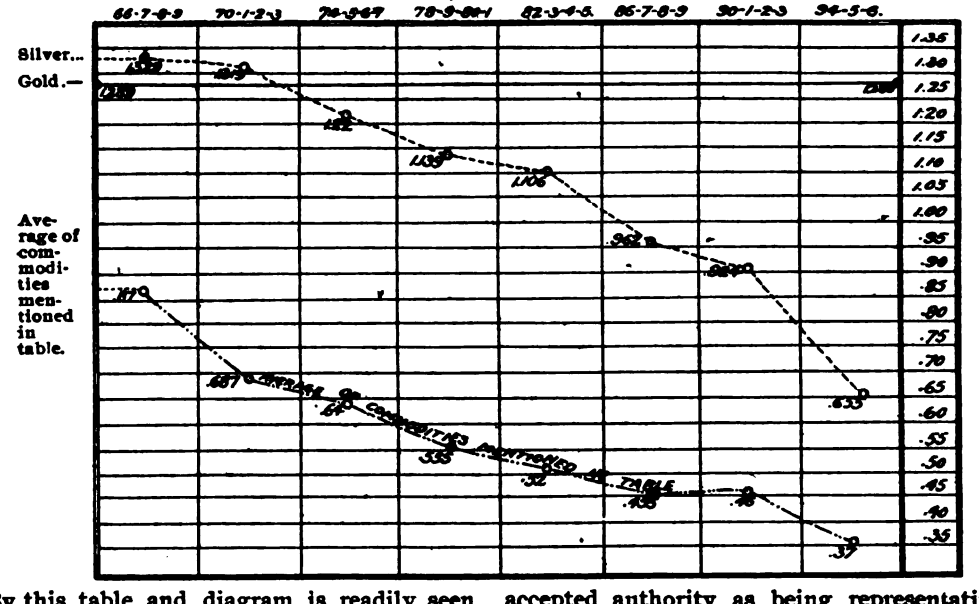
Digitized by Google

our country, namely, corn, wheat, wheat flour, cotton, sole leather, illuminating oils, bacon and hams, lard, salt pork, salt beef, butter, cheese, eggs, starch, sugar and tobacco, and compare them with the prices of silver. I have made out a table taking these commodities and their export prices from 1866 to 1896 inclusive, in periods of four years each, except for '94, '95 and '96, three years only ('97 not being ended yet, cannot for obvious reasons be included), taking the average price for each year as given in the Statistical Abstract for 1891, table No. 262, page 336, and Abstract for 1896, table No. 135, page 371. I did not go back of 1866, because the prices were not available for years prior to that date. At the bottom of each column I have placed the value of the average unit for the period, and below that the average price of silver per ounce for the period as given, except for the last half of '96, in Treasury Circular No. 123, 2d revised edition, page 18; that for the last six months of '96 was compiled from the Monthly Summary of the Treasury Department, No. 9, series of '96-'97, page 1580. (I am particular to give my authority in this matter that it may be consulted by any doubters.)

It can be seen by the careful reader that there is a "nearness" between the last two lines of figures.

		66 to 69.	70 to 73.	74 to 77.	78 to 81.	82 to 85.	86 to 89.	90 to 93.	94-5-6.
Corn	bu.	.995	.749	707	.582	.626	.500	.516	.429
Wheat	bu.	1.490	1.350	1.240	1.190	1.060	.880	.900	.639
Wheat flour	bbl.	8.770	6.840	6.450	5.790	5.650	4.650	4.740	3.699
Cotton	lb.	.292	.191	.188	.110	.108	.098	.088	.072
Sole leather	lb.	.294	.267	.258	.220	.206	.181	.156	.162
Illu'inat'g oils	gal.	.380	.261	.166	.110	.089	.081	.068	.058
Bacon & Hams	lb.	.143	.111	.110	.076	.101	.081	.081	.088
Lard	lb.	.167	.128	.118	.081	.102	.076	.077	.073
Pork, salt	lb.	.136	.098	.095	.066	.085	.068	.064	.073
Beef, salt	lb.	.119	.077	.085	.067	.081	.055	.055	.057
Butter	lb.	.305	.228	.233	.153	.178	.165	.160	.164
Cheese	lb.	.154	.135	.127	.102	.104	.092	.092	.090
Eggs	doz.	.323	.287	.254	.162	.207	.161	.198	.162
Starch	lb.	.089	.063	.056	.045	.045	.038	.035	.030
Sugar	lb.	.139	.125	.109	.092	.081	.066	.055	.046
Tobacco	lb.	.121	.104	.104	.081	.090	.085	.087	.086
Average per unit		.870	.687	.640	.555	.520	.455	.460	.370
Silver	oz.	1.329	1.319	1.220	1.139	1.106	.962	.924	.655

But to bring this more vividly to the eye I have prepared the following diagram. I have represented gold by a line placed at $1.29, as that is the value of an ounce of silver *measured in gold at* 16 to 1, the proper ratio.



By this table and diagram is readily seen the tendency of silver to keep "in touch" with the commodities named (those recognized by accepted authority as being representative), and that of gold to increase its distance "out of touch" with them. This PROVES that silver, as compared with gold, is the better measure of value.

Milford, Neb. S. P. TRACY, B.S., M.D.

* "Export prices is taken by the compilers of the Statistical Abstract to mean the market value at the time of exportation."

Our Library Table.

"INEBRIETY; its Source, Prevention and Cure;" by Charles Follen Palmer. Published by the Fleming H. Revell Company, Chicago, New York and Toronto. Price, 50 cts.; 109 pages. This is a small book, but it contains as much as the average "ponderous volume." It is not a medical book in the sense that medicines are given, but it is remedial in a different and perhaps a higher way. Nervous

Digitized by Google

temperaments, the inebriate diathesis, hereditary and acquired inebriety, treatment in early youth, etc., are a few of the suggestive divisions of the subject treated. The following paragraph, quoted from page 40, illustrates the author's style, and also his depth of insight into human nature. "But where there has been no greater abuse of the moral nature than that involved in greater or less intemperance and folly, there exists through a merciful and kindly moral law stronger assured hopes of building up this fallen man, beggar as he is, to the full stature of manhood than with that larger class of morally blinded men who have built up a *moneyed success* in this life at the expense of every quality and trait of manhood (including intemperance in every form but that of drink) needed to begin the next; incapacitating themselves by a lifetime of insatiable greed, injustice, cruelties, self-flatteries, and gross egoism, from reaching that *real success*, comprehended in the divine economy, which is the growing result of rightful moral doing and gradually perfecting renunciation of selfish instincts in successive periods of the soul's existence."

In 1891, Mr. Walter A. Wyckoff, as the result of a banter with one of our prominent millionaires, left surroundings of the utmost luxury, culture and refinement and cast his lot for two years with unskilled day laborers. He is giving his experiences in a series of articles in Scribner's Magazine, beginning with August issue. It was a heroic act to voluntarily make such a radical change in his mode of life to learn by hard experience the true lot of labor. I find these articles to be very interesting, and I recommend them to all who are interested in the pressing problems of humanity. It is our Christian duty to learn the lot of our brothers, and endeavor to make it easier where too hard.

"The International Medical Annual for 1897," Published by E. B. Treat, New York. Price $2.74. This is one of the most sterling of medical publications. It is exceedingly well worth its moderate price. The present volume consists of 724 pages strongly bound in cloth. It contains a dictionary of new remedies and new medical and surgical treatment, and is well illustrated, several plates being in colors.

Announcement of the St. Louis School of Suggestive Therapeutics and Medical Electricity is at hand. If interested, send to Geo. C. Pitzer, M.D., 3955 West Belle Place, St. Louis, Mo., for a copy.

"Secret Nostrums and Systems of Medicine." Compiled by Charles W. Oleson, M. D. (Harvard). Published by Oleson & Co., 35 Clark St., Chicago. Price, $2; 255 pages. This is the seventh edition (enlarged and revised) of this book. The fact that it has gone through seven editions indicates its popularity, It is the most complete collection in our knowledge of the formulas of widely advertised patent medicines and secret systems of practice. It is not supposed that physicians will want this information for use, but they are frequently asked by their patients about these things, and it is humiliating to have to say "I don't know."

"Static Electricity as a Therapeutic Agent," by F. E. Caldwell, M.D., of Brooklyn, N.Y., is a pamphlet issued by the White and Bartlett Mfg. Co., 143 E. 23d st., N.Y. It is a handsome, illustrated pamphlet of 51 pages. Static electricity is a form of this agent that is much neglected, and it is one of the most useful forms. A number of clinical cases are recited in the pamphlet to illustrate its use. A copy will be sent free to those interested, with the compliments of the above mentioned firm, upon request, but as only a few now remain, only those who send early can be accommodated.

We are in receipt of a little booklet published by Micajah & Co., Warren, Pa., entitled "Hints on the Treatment of Diseases of Women." This book takes up the different diseases peculiar to women and discusses each in a concise and practical manner. Much valuable material is contained therein which will be found of great assistance to the doctor. Write for a copy.

A pamphlet entitled, "Questions Covering the Interesting Points of Diphtheria Antitoxine," and giving in terse answers the pith of the entire subject was recently received. The questions are at once recognized as those frequently asked by physicians who are not thoroly familiar with the production and employment of the remedy. The pamphlet is of special interest since it will go far to clear up some apparently knotty questions still in the minds of some physicians. We believe it touches every point that could possibly be covered in a work of this compass. The pamphlet was prepared by H. K. Mulford Company, Philadelphia, and will be sent by them free of charge to any physician that asks for it.

Practical Points.

Antikamina—Opposed to pain. It always pops into the mind when there is pain of any kind to be relieved. It is perhaps the most extensively used pain reliever in use.

You will always see something new on the lower half of the page following Table of Contents. See what is there this month. Look them up for months past, and see how interesting they all are. Then, try the great "blood feeder," pepto-mangan ("gude"), on some anemic patient, and see the color return to the lips and cheeks from day to day.

Eskay's Food comes to us now to stay permanently, if you take an interest in becoming acquainted with the virtues of this food. See their adv. on page xx, and send for sample and literature.

D. T. Hudgens, M.D., Elizabeth, Ark.,

Digitized by Google

says: "I have used S. H. Kennedy's extract of pinus Canadensis in leucorrhea with very good results. I have had under my treatment Mrs. S., age thirty-three years, for leucorrhea, with anteversion of the uterus. I used the white extract per vagina as a local treatment for the leucorrhea, and the treatment was attended with success. I am satisfied that pinus Canadensis should occupy a prominent position in our materia medica.

SEE new adv. of Messrs. Parke, Davis & Co. on last cover page (outside) this month. They always have something to offer of interest to you. And if you ever want any medicine of any kind that you don't know where to get, write to *them*.

SEND 75 cents to Messrs. Putnam's Sons, publishers, New York, N. Y., for a copy of Hon. J. L. Cowles' book, "A General Freight and Passenger Post." If, after you have read the book, you regret your investment, send the book to the Editor of this magazine and he will make good your investment. The fact is, you will pass the book around among the most intelligent and influential of your patrons.

DR. A. F. BEDDOE, Physician to the Buckner Orphan's Home, near Dallas, Texas, recently read a paper entitled "Unguentine for Burns" before the Dallas Medical and Surgical Association, in which he reports eight cases, most of them burns of the third degree, successfully treated with unguentine. No other dressing was used, and in all cases the healing was rapid, and in some no scar, while in others the scar was less than one-half the size that would be expected.

WHAT is Neurosine? It is a hypnotic without opium or chloral. It also controls pain, etc., without injurious after effects. Send to Dios Chem. Co., St. Louis, Mo., for formula, complete literature, etc.

THE Chicago Eye, Ear, Nose and Throat College, wishes to fit general practitioners to extend their work in these branches. Write to J. R. Hoffman, Sec., 67 Wabash ave., for catalogue.

YOU do not now need to strain your conscience and give your patient wine. You can give Welch's unfermented grape juice with much greater benefit to the patient in a great majority of cases. Write to the Welch Grape Juice Co., Watkins, N. Y., for a book about it and sample bottle free.

WHEN you are writing to advertisers, please tell them how you like THE MEDICAL WORLD, and why you like it.

VAPO-CRESOLINE is a good thing. You can use it to great advantage this winter. See page iv, and write for further information about it.

CHARLES ROOME PARMELE CO., New York, Gentlemen:—I am of the opinion that the Charles Roome Parmele Co., should be considered public benefactors for placing upon the market such a splendid article as Caroid. The reason for my opinion is just this. From my childhood I have never been able to eat onions without experiencing the most terrible oppression. When I had read the statement that one should eat of the things which did not agree with their stomach and then take Caroid, the aforesaid company agreeing to pay all doctor bills, I concluded that Caroid would be a good thing to have in the office when business was quiet and give the article to my friends to try. I did so, thinking that they would speedily come back for a remedy to cure the indigestion. Not so, however; they came back for more Caroid, and there were no deaths. Thus I concluded to try it on myself. I had been hankering for a dish of young onions, so, after making my will, and attending to such business as is generally neglected until too late, I braced myself for the ordeal. I hid my revolver, locked up the poison case in my office, bid my family a tearful farewell and sailed into the onions. "It is the unexpected which always happens." So it was in my case. I ate and ate and ate expecting every moment to fall to the floor in the agony of cramp, but no—the Caroid was doing its work. Heaven has few pleasures equal to a dish which is fit to place before a King. That dish is onions, and especially so, when one has not tasted them for several decades. That was my case. I feel that now I can defy the pangs of indigestion and shake my fist under his nose with impunity, knowing that he has no terrors for me or mine. "The Lord love and keep you in the hollow of his hand," for discovering Caroid. Yours with the reverence which we pay to Royalty, and with the hope that your pathway through life may be as good as your Caroid, I remain, yours very truly, James S. Kennedy, M. D., Chambersburg, Pa.

DR. JOHN AULDE uses and highly recommonds a solution of hydrozone, one part to eight of water, as a local injection in gonorrhea, leucorrhea, vaginitis, cystitis, uterine catarrh, etc. The solution may be either warm or cold. The Hydrozone attacks all unhealthy secretions and leaves the tissues perfectly clean, with conditions most favorable to a return to a healthy condition.

GENTLEMEN:—I have received the "Nursing World Clinical Records" and samples of your Imperial Granum, altho it was unnessary to send the latter to acquaint me with its value, as we have *a living example in our only son* of the worth of Imperial Granum, and I have *prescribed it constantly for eleven years*, and always with the very best results. Yours very truly, ——— ———, M. D.

Clinical Records and samples of this celebrated food free, charges prepaid, on application to John Carle & Sons, 153 Water Street, New York City.

SANMETTO yields uniformly good results at my hands. I have prescribed it in chronic

(*Continued over next leaf.*)

Digitized by Google

An absolutely reliable

℞: Unguentum Resinol ℥i

that makes glad the heart of both physician and patient. Subdues itching, irritation and inflammation instantaneously, and cure follows relief in magical succession.

An ideal surgical dressing, and by far the best known application for burns of any extent and any degree. Can be applied to any surface at any age, and is perfectly harmless, non-irritating and non-poisonous.

The *sine qua non* in all Skin diseases where an **Antipsoric, Antiphlogistic, emollient, anodyne** and nutrient application is indicated.

ATTEST

This preparation gives me the best of satisfaction.
L. H. STAPLES, M.D., Buffalo, N. Y.

RESINOL is an excellent application for bed sores, ulcers, etc.
T. B. KRAMER, M.D., Washington, D C.

Results obtained from sample of RESINOL were magical. It is a perfect wonder.
L. CONKLING, M.D., Albany, N. Y.

Have attained better results from RESINOL than from any similar preparation.
F. T. BOEGNER, M.D., Ph.D., Boston, Mass.

A chronic case of Eczema of Scalp that had resisted other remedies promptly yielded to RESINOL, and is now well.
J. B. HESTER, M.D., Euclid Avenue, Cleveland, O.

Two applications of RESINOL cured a young man who had been worried at least six weeks with Herpes Præputialis.
E. B. ANDERSON, M.D , Chattanooga, Tenn.

The first application gave such marked relief in a most obstinate case of Pruritus Ani that I must acknowledge it to be a grand addition to our armamentarium.
J. E. BARRETT, M.D., Lawrence, Neb.

I have been a sufferer from Pruritus Ani for a great many years. I can cheerfully state that of all the remedies that I have ever tried, nothing has given me as much relief as UNGUENTUM RESINOL.
WILBUR GILLETT, M.D., Detroit, Mich.

I have in my family a case of Squamous Eczema of twenty years' standing, and I am pleased to say that I accomplished more with one sample box of RESINOL than I had in twenty years with all the treatment known to the Medical Profession.
A. BLONDIN, M.D., Alturas, Modoc Co., Cal.
County Physician and Supt. of Hospitals.

I have prescribed UNGUENTUM RESINOL in cases of Eczema Capitis, Eczema Facialis and Seborrhoea with the happiest results. Again in Pruritus Ani, its prompt and effective action was quite pleasing to my patient and satisfactory to me.
M. H. O'DANIEL, M.D., Macon, Ga.

I have had the most flattering success with RESINOL in my practice in the treatment of Pruritus Ani, Itching Piles and also in allaying the intense itching and burning of Eczema I have found it superior to any preparation of its kind that I have ever used.
A. L. SCOTT, M.D., Birmingham, Ala.

Resinol is put up in 1 oz. jars and can be obtained at any drug store.

PRICE, 50 CENTS.

Sample sent free on application.

RESINOL CHEMICAL CO., Baltimore, Md.

Digitized by Google

cystitis of long standing, where the standing remedies failed, and effected a permanent cure. It is certainly ahead of anything I have ever used for enlarged prostate; and in fact for all prostatic troubles.—J. F. Lambert, M. D., Farley, Iowa.

FAIR PATIENT.—"Is there no way of telling exactly what is the matter with me, Doctor."

DOCTOR.—"Only a post-mortem examination can reveal that."

SHE.—"Then for heaven's sake make one. I don't see why I should be at all squeamish at such a time as this."—Exchange.

THE bottle of phytoline ordered of you some time ago for a case of obesity acted like a charm; patient lost forty pounds while taking three-quarters of the bottle, with no disturbance of the general health whatever. Phytoline is the most efficient, powerful and reliable anti-fat now before the profession, and I can heartily recommend it in all cases of obesity and allied complaints.—A. C. Poe, M. D., Gray, Texas.

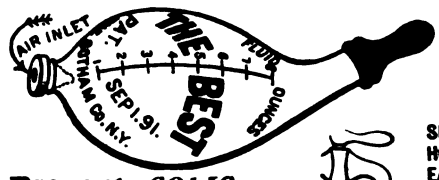
CHICAGO, Ill., Oct. 4, 1897.

RESINOL Chemical Co., Baltimore, Md.

Gentlemen:—In a chronic case of eczema of external meatus and auricle, ung't resinol was used, resulting in a comple cure inside of a week. The patient had sought relief for

(*Continued over next leaf.*)

"BOTTLE BABIES"
Should use
"THE BEST" Nurser.



SEE HOW EASILY CLEANSED

Prevents *COLIC*,
Bowel Troubles,
Nipple Collapsing.

—TESTIMONY—

N. Y. Infant Asylum says, "We recommend The Best Nurser most warmly. It can be kept perfectly clean."

Dr. Nat W. Williams, Waterford, Miss., says, "The colic and bowel troubles that had constantly afflicted my baby entirely disappeared, never to return, after we began using The Best Nurser. She is now a prodigy of health."

Dr. Blatin, (Academie de Medicine, Paris) says, "The great decrease in infant mortality of late in France, is attributable largely to the extensive use of "The Best Nurser."

L. A. Turnbull, M.D., St. Louis, "A Godsend to babies."

C. O. Allen, M.D., Haydenville, O., "Best ever saw; send three more."

W. H. Peck, M.D., Wheaton, Ill., "Splendid invention."

D. D. Richardson, M.D., Chicago, Ill., "I recommend it."

W. J. Lemon, M.D., Auxvasse Mo., "My baby has no wind-colic since using The Best. No other bottle ought ever be used."

G. H. Fulford, M.D., Sioux Falls, S. D., "Certainly the best."

Any druggist can easily supply "THE BEST" Nurser at 25cents' including a "Clingfast" Nipple; or we will send it postpaid for 35 cents "Clingfast" Nipple—finest ever made—is warranted pure gum, right size and shape; baby can't pull it off—50 cents dozen, postpaid; 5 cents each at druggists.

THE GOTHAM CO.,
80 Warren Street. NEW YORK.

All Physicians Know

Dyspepsia

is often best treated by giving as much rest as possible to the digestive apparatus. The "ideal" food is one which taxes the digestive functions to a minimum degree, is easily digested, absorbed and assimilated, and affords at the same time the necessary nourishment to the organism. Such a food is

ESKAY'S ALBUMENIZED FOOD.

One Physician Says:

"I have had a lady under my care for some time suffering with chronic gastric catarrh and functional Hepatic trouble. As the case was very intractable and gave no response to the ordinary medicinal treatment, I placed her upon **Eskay's Food**, as an adjuvant to other treatment. Since taking the Food the irritability of the stomach has subsided and I find her markedly improved, so much so in fact that I now feel confident of her speedy recovery."

FULL CLINICAL REPORTS AND SAMPLES FURNISHED PHYSICIANS ON APPLICATION.

SMITH, KLINE & FRENCH CO.,
Manufacturers. PHILADELPHIA, PA.

Digitized by Google

The Medical World

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World.

C. F. TAYLOR, M. D.
Editor and Publisher.

Subscription to any part of the United States and Canada ONE DOLLAR per year. To England and the British Colonies, FIVE SHILLINGS per year. Postage free. Single copies, TEN CENTS. These rates must be paid *invariably in advance.*

We cannot always supply back numbers. Should a number fail to reach a subscriber, we will supply another, if notified before the end of the month.

Pay no money to agents for this journal unless publisher's receipt is given

ADDRESS ALL COMMUNICATIONS TO

"THE MEDICAL WORLD."
1520 Chestnut Street,
PHILADELPHIA, PA.

VOL. XV. DECEMBER, 1897. No. 12.

What Are You Doing? and How Are You Doing It?

The average medical journal article is an essay on some medical subject, going into history, citing authorities, etc. These articles are more or less interesting and valuable, and have their proper place in medical literature. But THE MEDICAL WORLD is unlike other publications. Don't send your essays that you have read in some medical society, and expect us to print them. Our readers haven't time to read them. What they want to know is, what are you doing? and how are you doing it? If your methods have anything superior in them, others will test them; and if they stand the test, will adopt them. Nearly every doctor does something in a way peculiar to himself. This he should lay before his brothers, if he can show that his way is a better way. In return he will get thousands of suggestions from others. The one dollar per year that you pay for THE WORLD comes nowhere near paying for what you get in it. That only pays for the publishing. You owe your brethren far more, payable only in ideas.

Some men insist that they have no ideas worth giving. This is frequently true, and such could do some earnest studying and thinking to advantage. Others wish to rush into print with nothing to offer but "words, words, words." Some one has humorously said that such men have "a diarrhea of words and a constipation of ideas." They can serve the profession better by going back to their books and their work, and not come forward again until they have really something to offer. But there is a class of men whose modesty keeps them hidden. They are doing excellent work, achieve a high degree of success, but say little about it. Their information is up to date; they use the latest remedies and methods, if such remedies and methods prove to be the best, and often original ideas of their own are added. They are slow to give up old and tried remedies and methods, but ever ready to do so if the new proves to be superior. The only trouble with these men is that they are too silent. True, they are engrossed in

Digitized by Google

their work, and they think that others are doing as good work as they. It is this class of physicians that the pages of THE WORLD are always open to. Tell us, each month, what you are doing and how you are doing it. This is what makes THE MEDICAL WORLD a living work on the practice of medicine, flowing on from month to month, and not dead and stereotyped like the books.

Worn-out Facts.

An English authority says that the average life of a fact in medicine is about four years. This is a thought that every doctor can ponder with interest and profit. How many years have you been practicing? In that time how many ideas that you have thought were facts have you exchanged for others that rested on a more secure basis? Have you kept your mind open to every unfolding truth? And have you been *helping* to unfold it?

If there is a man among our thousands who thinks that his stock of facts are final truths he is the man we are after. Truth is eternal, but our conception of truth is far from eternal. We hope that our efforts are leading us constantly nearer to eternal verity, but, however bright we think we are, much will be left for future generations to do. But we can only do as well as we can. The question is, do we all do it? How many are now using in their practice facts (supposed facts) that have outlived their day and which should be shelved or buried, and newer discoveries taken up in their place? Up to date men are using all of the new facts in their reach, and at the same time holding fast to those tried and true which have not been superseded, many of which cannot be.

What facts can you think of that have been worn out in the last four years? The question is easier if we take a span of ten years, still easier if we take a span of twenty years. Suppose you rummage thru your old fact garret and send us an account of what you find there, and also an account of what has superseded them. Some may ask why we call these past errors facts. They were facts (supposed facts) in their day, tho error now. Many of our present "facts" will become errors, too. We must keep up with the procession as long as we live and leave the rest to future generations.

Truth from Everywhere.

In asking for treatment of coughs, colds and winter diseases generally, we wished to include all who are honestly and earnestly ministering to the medical needs of humanity, and striving to advance medical science.

THE WORLD is a broad stage. If "eclectics" know anything about treating the above troubles that would be of service to us, we want to know what it is, and we are willing to listen; also the same concerning "homeopaths," and those of any other "school." Dr. W. C. Cooper would have spoken for the eclectics in this issue, but pressure of business forces him to postpone it till perhaps next issue. Will some homeopathic brother who has good success with these troubles please tell us how he does it? There are many ways of curing. We want to learn of all the various ways, then choose the best.

A Word About Business Methods.

This is the season for appeals to appear in medical periodicals for their subscribers to pay up. Many of them construe as a "subscription" any excuse to put your name on their list. Then they keep it there indefinitely and annually or oftener "dun" you in the editorial column, then send you bills, drafts, a collector, or put their "account" against you in the hands of a persistent collecting agency. How do you like it?

Our policy is *pay as you go*; and as one of our readers aptly continues: "If I can't pay I don't go." A reader enjoys reading a magazine that he has paid for more than one he is going to be "dunned" for. The members of our "family" all know our policy. But there are every year many new applicants for membership; to these we say, we do not consider any order a subscription unless the modest (but necessary) financial equivalent accompanies it. Hence, postal card subscriptions do not "count" in this office. Better save your postal cards for other uses. Occasionally still we get a letter from a "stranger" saying: "Please enter my name on your list of subscribers," but no money inclosed, nor a word

Digitized by Google

about any such obligation. It is needless to say that they do not go "on." We have had much to say lately about collections. We believe in close attention being given to collections, and we are striving to help the profession all we can in that direction; but that is not all; there is another side. Doctors should be as careful about their own obligations. In all cases where it is known beforehand that a physician's services will be needed, provision for his pay should be made. This principle applies not only to the laity, but to physicians as well. If you want anything, pay for it when you order it, and *don't allow* anything to be sent to you on credit. Then there will be no chance for "duns." We have educated our "family" not to expect THE MEDICAL WORLD to be continued to them longer than the time paid for, until further payment is received. While "strangers" are always welcome (our latch string is always hanging out), this is the first lesson they must learn.

But don't think we are hard-hearted. This is simply business, and the average doctor needs to have business principles impressed on his mind. By pursuing this course we are enabled to meet all our obligations promptly. We never keep our printer waiting; our paper is paid for promptly and our credit is up to par.

While we insist on business being done according to business methods, there is another side to business life, and it is this: The feeling of fraternity deserves a place even above the principles that we have been setting forth. If any brother has been sick; if age is creeping on and poverty with it; if the elements have been unpropitious, as floods, drouths, etc.—things that cannot be foreseen or prevented—if any of these or similar unpreventable misfortunes have rendered any member of our "family" unable to bear their portion of the financial obligation, please write a statement inclosing what can be afforded. We always give careful attention to such communications, and our decisions are always generous. Don't feel delicate about it, for your communications will be as welcome as the ones from the more favored brothers. The same may apply to "strangers" who wish to join our big circle, but who cannot afford to for some of the above reasons, or some may be just beginning, with many places for every available dollar. Come along. We will help you to become prosperous.

But the above does *not* apply to those who have been burned out without insurance. Learn to be men among business men. If you have no insurance and fire destroys your belongings, "take your medicine" until you learn to do as other business men do and protect yourself against such a calamity. We were formerly bothered considerably with "burned out" beggars; they wanted us to publish begging letters, asking for small contributions from the profession. They don't come any more. We have much sympathy for misfortune, but none for unbusinesslike carelessness.

As thousands of subscriptions expire with this issue, we will suggest that *now* is the best time to renew. Every day that you put it off it will become more difficult. Procrastination is a thief—don't let him steal your favorite magazine from you. See Order Blank on page xxii. We still send WORLD for four years for $3.

DR. CARL SEILER, the distinguished nose, throat and lung specialist, formerly of Philadelphia, has removed permanently to Scranton, Pa. This move was necessitated by the following: A severe spell of typhoid fever and neurasthena left the Doctor with neurotic asthma. In that condition it was impossible for him to continue to live in Philadelphia, while the climate of Scranton seems to suit his case exactly. The profession and public of Scranton and vicinity are the gainers thereby.

YEARLY index goes with this issue. It is printed on an extra sheet, and not bound in with the magazine, because we do not wish to crowd any reading matter out. You can bind it with your WORLDS in your WORLD binder. It is compact and condensed, but you will find it complete. The subjects indexed are not confined to the headings of articles.

Braying Brayton.

It is only because of gross insults directed to our thousands of readers that we give any further space to the editor of the Indiana Medical Journal. In his November issue he says that his insulting editorial in his July issue should "have been laughed at for a day—and forgotten." Perhaps he wishes that it were "forgotten," or that it had never been written. Why a sensible man with the proper feeling toward his profession should ever think of writing such a thing is a mystery. Many are the letters that have come to me about it, a few selections from which will be of interest: Dr. I. N. Love, Ed. St. Louis Medical Mirror, writes: "I had already noticed the unkind editorial of Brayton, but surely you need expect nothing else from a jack-ass except a bray. Brayton, I think, was born in the drape of the moon and was a breech presentation, and has been that kind of a presentation ever since he was born."

It is well known that he is a chronic kicker, kicking wildly at friend and foe, and also at progressive ideas, the Woodbridge treatment, for example. He seems considerably disturbed by my "Monthly Talks." It may as well be said here that these talks are intended for men, and not for jack-asses; they are read and appreciated by men; and the writer of them is not disturbed by the opinion of a jack-ass concerning them. In his November issue he "kicks" at everything, even to our book reviews. Reformed spelling gets a "whack," as does John Clark Ridpath, the great historian also formerly of Indiana. The success of anyone from Indiana seems to stimulate Editor Brayton's heels. Indeed, this trick mule is a regular "circus"—but a disgrace to the medical profession of Indiana and to medical journalism.

Dr Brayton writes me that he did not write the article partially quoted in Oct. WORLD from the Ind. Med. Jour. for Feb., 1892; that he was not at that time the editor, and he calls my attention to another (!) failure to give credit, which did occur under his editorship, and thinks that I had gotten them mixed.

To make the quotation referred to, I went to the library of the College of Physicians, of this city, one of the most complete medical libraries in this country. I found there the

Digitized by Google

bound volume desired, the title page of which (printed by the Ind. Jour., of course), reads as follows:

INDIANA MEDICAL JOURNAL.
Vol. X.
From July, 1891, to June, 1892.
Editors
ALEMBERT W. BRAYTON, M. S., M. D.,
THEODORE POTTER A. M., M. D.

The quotation was made from the Feb. issue of the Ind. Med. Jour., included in this volume. But as Dr. Brayton says he "didn't," I take particular pains to publish this disclaimer, as I do not wish to do injustice to any one. This is not the point, however. I had forgiven that long ago, whoever did it, and also the other one that he confesses to, without a word of public reference to it. But it is the July editorial, which insults all our readers, of which we justly complain. If any one should, in the most public way, apply the epithets "unwashed, semi-educated and unregenerate" to editor Brayton or his readers, would he "laugh at it for a day and forget it?" The readers of THE MEDICAL WORLD are made of different stuff. They are earnest, decent men, and resent such foul slanders.

Dr. Register, Editor of the Charlotte Medical Journal, writes; "I read what Brayton had to say of THE WORLD, and supposed it was some personal grudge. I have always regarded your journal as one of the best edited," etc.

As Brayton never had the slightest reason for any "grudge," his inspiring motive must be attributed to envy, foolishness or "cussedness." I would rather attribute it to the second, for that could easily be forgiven if followed by a manly course, which, however, he does not seem disposed to do.

Many other letters from fellow journalists say;

"He can't hurt you nor your journal." "You have not been treated as a gentleman." "The profession knows that your record is clean, and that you labor for the good of the cause." "We have always had and will continue to have the kindest feelings for THE WORLD." "I am glad that you have taken the Brayton matter up." "You did not make it near strong enough." "Such men as Brayton ought to be kicked out of the medical profession," etc., etc.

I wish here to express gratitude and appreciation for very kind articles in regard to this matter appearing in the current issues of Dr. W. C. Cooper's Medical Gleaner, the Medical Mirror, Alkaloidal Clinic, etc., to quote which would require too much space,

The following are samples of expressions coming from WORLD readers: Dr. R. H. Strickland, of Lago, Tenn., writes: "Such insults should be boldly resented by every reader of THE WORLD," Dr. J. C. Campbell, of Albany, Vt., writes: "With 30,000 assistants, you can afford to have a less favored editor who is jealous because of your success rail at you. He will only injure himself and assist in cementing the WORLD 'family' in closer bonds of friendship with yourself and each other."

Brayton habitually uses his editorial position to slanderously attack others, and in at least one recent instance of which I am informed, has failed to correct false, slanderous statements when politely requested to do so, the true facts being supplied. This "amounts to moral obliquity and turpitude" (quoted from Nov. issue of Ind. Med. Jour.). How long will the stockholders of the Ind. Med. Jour. harbor this maker of enemies? How long will the profession of Indiana be satisfied with a wild slanderer and an insulter of the profession as an editorial representative? Brayton is a "Prof." in the Medical College of Indiana. The students of that institution may expect Brayton's slander and vituperation, if they should ever make a success in the world, particularly at something that he would like to do, but can't. (It will be remembered that he sought my advice about establishing in Baltimore a magazine similar to THE MEDICAL WORLD.) He is untrue to personal friendship, and untrue to his profession. His conduct has shown him to be *morally* "unwashed, semi-educated and unregenerate."

We will continue conducting what a contemporary kindly calls "a post graduate school on paper;" and Brayton will continue smearing the dreary pages of the Indiana Medical Journal with falsehoods, slander and insult—if the medical profession of Indiana likes that sort of thing

Original Communications.

Short articles on the treatment of diseases, and experience with new remedies, are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month for publication in the next month. Unused manuscript cannot be returned.

***Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.*—RUSKIN.**

READ. REFLECT. COMPARE. RECORD.

Consumption: Its Treatment.

Editor MEDICAL WORLD:—At this season many of us are considering the question of what to do with our consumptives. The fortunate few can leave their Northern homes and betake themselves to whatever climate offers the greatest advantages.

It is, however, not at all easy to select a suitable climate, and the really valuable literature upon this subject is scarce. The vast majority of the papers upon medical climatology that appear in the journals seem to be written from the standpoint of the writer rather than from that of the patient. Of all the books upon the West Indies, that published by the late Dr. W. F. Hutchinson is the most reliable. Resisting alike the inclination to do fine word painting and depict the places he visited as earthly paradises, and to underrate the disadvantages, he has given us in "Under the Southern Cross" a true account of the West Indies as he saw them, a trustworthy guide to the traveler in these regions.

For many cases there is no better resort than Florida, with the Southern islands to fall back upon if the winter's cold invades the Land of Flowers. Advanced cases, delicately reared ladies, and those who have the cheesy forms of phthisis, are most likely to do well in the Southwest, while most of the others are better placed in Arizona. Between Yuma, Phœnix and Tucson or Wilcox the choice depends upon the temperature at each season. In the colder months

Digitized by Google

Yuma is the best; as the weather becomes uncomfortably warm the patient can retreat to the other towns in the order named.

Hemorrhagic cases must keep away from the sea shore and equally from the elevated regions. Others may with advantage resort to Pueblo, Denver and finally to Boise City, as the summer advances.

But in no case send any cases to Southern California. There are two objections to this locality: The regular residents object to the presence of consumptives, or "one-lungers," and even talk of quarantining against them. It is difficult or impossible for them to find accommodations in Colton, Redlands, Riverside or other towns, as people do not care to occupy houses in which consumptives have lived or died. The other objection is, that, except on the coast where it is too damp, the nights are so cold that even healthy individuals suffer. Fuel is scarce and costly, and the means of heating rooms miserably inadequate. A lady informed me that at Redlands one winter night they had to go to bed in their clothes, pile on all the bedding in the house, while one of the family stayed up to keep up the fires, and yet they were wretchedly cold. Those who reside in this region become accustomed to this state of things and do not suffer from it so much; and they are apt to think the discomfort is exaggerated. But to the Eastern consumptive it is sufficient to put this region out of consideration as a winter home.

Why do not the physicians who desire consumptive cases to spend the winter in their care provide suitable accommodations for them? Cottages of galvanized iron could be put up in Arizona more cheaply than wooden houses. When the patient dies or goes elsewhere the iron frame could be disinfected, taken down and erected elsewhere, and all danger thus obviated. The objection to these iron houses is that the walls sweat; but in Arizona this would be unlikely. England sends out such houses to her woodless colonies, but the idea does not seem to have occurred to our iron-mongers.

The vast majority of consumptives must be treated at home, and the home treatment is the most important. In all cases of phthisis it is essential that we know what we are treating; and for this purpose the microscopic examination of the sputa is requisite. We must know first if the tubercle bacilli are present, and in what quantity; and as the case progresses, the regular diminution and final disappearance of these micro-organisms from the sputa is the only certain indication of the success of the treatment.

I insist upon this point, because it is well known that under the influence of auto suggestion, in other words, of hope and confidence, the symptoms will show wonderful improvement in every respect, the strength return, and a cure be confidently claimed by both doctor and patient. But if the bacilli continue to present themselves in undiminished numbers, we know too well how illusory is this improvement.

Two principles underlie every method of treating tuberculosis—the destruction of the germs and the reinforcement of the bodily powers in their battle against the invaders. We must either destroy the bacilli or render it impossible for them to live in the body.

The direct germicides have not as yet won much reputation, and yet a beginning has been made. The creosote preparations have been given until the patient looked and smelt like a ham and the bacilli disappeared. Some take creosote itself, in large enough doses, even up to a drachm daily; but others tolerate better guaiacol, oleo-creosote, or the carbonate. It is my custom to give each of these for a week, pushing the doses as high as the case allows, and noting the results as to temperature, cough, digestion and output of bacilli. Whatever form gives the best results is continued.

With this I invariably associate iodoform, given in increasing doses until the coryza warns me that the limit is reached. I then lessen the dose a little and keep on. Usually the daily dose of iodoform is over ten grains and below twenty. To these I add the strychnine arseniate, giving gr. $\frac{1}{30}$ three to six times a day, as a powerful stimulant to the vital force. Mays showed the value of strychnine in phthisis, and I invariably find the temperature lower and the digestion improve under its use.

To these I invariably add a full dose

Digitized by Google

of atropine at bedtime; enough to dry the mouth and redden the face. This checks any disposition to sweating, energizes the pneumogastric and possibly may act as a specific. At any rate, my cases have less fever, cough, and expectoration, and sleep better, since I began its use.

Calcium lactophosphate is added in cases requiring lime, calcium iodide in strumous cases, calcium chloride in hemorrhagic forms, and calcium sulfocarbolate, gr. xxx–lx daily, in all cases.

I will say here that in every case of tubercular consumption the intestinal antisepsis has reduced the fever a degree or more, and that in two years continuous taking of this remedy my patients have not had an indigestion, an intestinal disorder of any kind, nor have gone a day without an appetite. I am well aware that this statement will appear incredible to many of my readers, especially to those of long experience, who know what a large figure is cut in this diseaseby the anorexia, nausea, indigestion and diarrhea so generally present. All these are swept away by the daily dose of sulfocarbolate and with them all danger of implicating the alimentary tract in the tubercular process. These are my results; they are open to criticism and to verification by anyone who chooses. But please do not give salol, resorcin, naphthol, guaiacol carbonate, or even sulfocarbolate in inefficient doses, and then say you have tried Waugh's method and found it no good. Get a chemically pure calcium sulfocarbolate and give at least forty grains a day.

All these remedies I usually combine in capsules, and divide the doses evenly through the 24 hours. If other remedies are required for special symptoms they are added. For the cough I rarely need anything except a steaming with hot vinegar fumes at bedtime. The atropine is given hypodermically at bedtime, and usually with nuclein.

If Vaughan be correct, nuclein increases the activity and the number of the white blood corpuscles; and these, in the light of present opinion, are the agents by which the body antagonizes the intruding bacilli. Hence, as Aulde claims, the tuberculins and serums now in vogue really depend for their virtue upon what nucleinic acid they may happen to contain. Nuclein is, therefore, more likely to prove a valuable remedy against the turbercle bacillus than any of the serums. I give five drops of the solution hypodermically, once daily.

What are the results of this treatment?

I have studied consumption for more than a quarter of a century; I have been elaborating this treatment for years; trying, meanwhile, every new method that has come into vogue. I am still elaborating it, and expect to be tinkering and trying various modifications as long as I live. Consequently I am not in a position to give long lists of cases all treated alike, despite their individual peculiarities. But I have not lost a consumptive for years. In some the bacilli have steadily decreased in number until they finally disappeared, the patient being and remaining well. In others the bacilli have decreased but have not entirely disappeared; the disease is checked, the patient has lived beyond the full expectation of a tuberculous case, is performing the duties of his or her station, but cannot be called cured. The disease may yet break out anew; the bacilli still live and multiply in the body.

I know of no other method of treatment that, judged by the same rigorous tests, has given equally as good results.

WILLIAM F. WAUGH, M. D.
103 State street, Chicago.

Some Seasonable Therapeutic Points.

Editor MEDICAL WORLD:—Most every physician who has had much experience and observation has learned some good things from his practice. THE WORLD—the most practical journal of all—is the place to put them for the benefit of humanity. There are some medicines and combinations which, being slightly varied in dosages to suit the various cases, have come to be great favorites of mine.

The following are the best prophylactic measures that I know against acute coryza for those very susceptible: One tablespoonful of common salt in one quart of cold water used as a gargle and nasal douche every morning, conjoined with bathing the face and neck daily in water gradually made a little colder each day until it reaches about 40° F. or even 32° F. Give the feet also an occasional

Digitized by Google

cold bath. In passing from a warm room into the cold, close the mouth and hold the breath awhile, then breath gradually, to allow the cold air gradually to mix with the warm air in the lungs. Walk briskly to raise external heat and prevent chilling and do not talk. Of course, overcoat, etc., should or should not be worn, according to severity of the weather. For the infiltration after an attack is begun, use cocaine, or boric and tannic acids in glycerine on pledgets of cotton. Internally, if Dover's, aconite, gelsemium, etc., should fail, in the robust I would use

℞ Quinine sulph. . . . . gr. v
Syr. yerbae sautae aromat.
Fl. ex. jaborandi . . āā dr. ss
M. Sig. One dose.

or quinine, pilocarpine and capsicum, with a Seidlitz powder. In chronic bronchitis with tough expectoration and dyspnea:

℞ Ammon. muriatis . . . dr. iiss
Pot. iodidi . . . . . dr. ij
Syr. tolu . . . . . oz. iss
Tinct. lobeliae . . . . oz. ss
Mixt glyc. co. q.s. ad . . oz. iv
M. Sig. One teaspoonful every three to six hours.

The tolu or syr. prun. va. should be used instead of the lobelia in cases of much nausea and no dyspnea. In conjunction give a tonic of nux and Fowler's sol. This will cure the most obstinate cases I have seen. In bronchitic asthma I add grindelia robusta, and sometimes nitroglycerine and belladonna.

After an antiseptic laxative, say Woodbridge's number 2, with one or two grs. of zinc sulfocarbolate followed by salts, which is indicated in *all diseases* with fever and inflammation, in those with fever and pain or cough, I use the following with extra results:

℞ Acetanilide co., vel
Ammonol . . . . . gr. xl.
Quiniae sulph. . . . . gr. xxx
Pul. Doveri vel . . . . gr. x
Codiae sulph.
Pulv. capsici . . . āā gr. v
Abbott's strychniae arseniate, granules xx
Ft. cap. No. x. Sig. One every two or three hours, as required for pain or fever.

It is the most efficient combination I ever saw in influenza, dengue—of which we have just had an extensive epidemic—lumbago, and especially in intermittent fever, in which it has never failed to cure, in my hands, within 24 or 48 hours. Of course, I don't mean atypical intermittent, or typho-malarial, which requires from 9 to 14 days, the antiseptic laxative above being repeated every eve, two tablets every half hour, sufficiently to move bowels three or four times next day.

Chloroform saturated with gum camphor given in 15 to 25 drop doses every 2 or 3 hours in sweetened water will control the mild delirium of pneumonia when all other remedies fail. Try it. It is also very efficient in relieving colic or preventing an incipient chill. Success to THE WORLD.

J. WALTER TORBETT, B.S., M.D.
Martin, Tex.

Treatment for Coughs and Colds.

Editor MEDICAL WORLD:—In reply to your editorial in October WORLD: I divide my cough cases in the following classes:

Nervous or reflex.
Congestive.
Inflammatory.

For the first kind I use belladonna; say,

℞ Belladonnae ext. fl. . . ♏ j.
Aquae. . . . . fl oz iv.
Dose, teaspoonful every hour.

In the bedtime cough of small children and nervous females it acts like a charm.

For the congestive stage of laryngitis or bronchitis I use:

℞ Tr. aconiti . . . . ♏ 40
Tr. opii. . . . . ♏ 60
Pulv. ipecac . . . gr. 3
Aq. . . . . fl. oz. 4
Dose, one-half to one teaspoonful every two hours.

It often relieves the symptoms without going further than the congestive stage. With above I use counter irritation; for croupy cough apply cloths wrung out of hot water to the front of the neck until all is quiet. If a high fever has developed, I give a full dose of acetanilid half an hour before giving other remedies. Sometimes a laryngeal cough depends upon, or follows, a pharyngitis; such cases demand demulcent remedies. My favorite is:

℞ Chloroform . . . . ♏ 10
Balsam Peru . . . . dr. 3
Solve, add syrup . . ad. oz. 4
Dose, one teaspoonful frequently.

Powdered licorice extract is a useful addition to above.

Bromide of potassium will relieve

Digitized by Google

some cases, but is irritant unless well diluted.

Coughs due to inflammatory affections of the respiratory organs are best treated in the acute stage by demulcents, opiates, sedatives and laxatives. Many cases are prolonged by too much *active* medication. After the congestive or acute stage, nothing is gained by giving remedies that nauseate or can in any way clog the secretions or excretions; hold up on that class of remedies and give nature a chance to show you her power to heal.

A cold in the head, if seen at the very beginning, can generally be cut short by tincture of nux vomica, ♏ 5 in a dram of alcohol; take 5 drops, and also inhale from the vial every 20 minutes. If it is a settled cold, treat with:

℞ Camphorae . . . . gr. ½
Ammoniae sesq. carb . . gr. 1½
Acetanilid . . . . gr. 3

Make one tablet. Dose, one every hour until relieved.

The best preventive is a cold sponge bath on arising in the morning, followed by plenty of friction, then jump into your clothes and exercise lively. Use no warm water in making the daily ablutions of the face and neck, but plenty of cold water with a good clean soap, followed by friction, and pharyngitis and tonsilitis will not afflict.

F. A. APGAR.

New Germantown, N. J.

Concerning Hydrophobia.

Editor MEDICAL WORLD:—"There are no dog days, because there is no time of the year when dogs are especially liable to rabies." Such is a statement in "Hints for the Dog-Days," a leaflet not long ago issued by the American Society for the Prevention of Cruelty to Animals. While the second clause may be true enough, taken in connection with the first, it gives us a delightful example of *non sequitur*.

Here is another remarkable example from the same source: "Expert physicians who have given special attention to this subject are convinced that hydrophobia is never caused by the bite of a dog, and that it is simply a hysterical, nervous disease, caused by an unfounded dread."

If these are the views held by the ablest observers of the present day, I certainly have not kept up with the march of science.

Before these so-called latest views can be fully accepted, it will be necessary to explain away some well known facts.

In the first place, children who know nothing of hydrophobia and have no special fear of the bite of a dog, do have a disease with certain typical symptoms which have been noted as pathognomonic of hydrophobia. And it is equally certain that such children do die when thus affected, after being bitten by rabid dogs. The theory of fear wholly fails in such cases.

In the next place, persons who have wholly disbelieved in the existence of such a disease as hydrophobia, and who could therefore have no hysterical fear of a dog bite, have nevertheless died from some such disease having the characteristic symptoms, coming on within the recognized incubation period, after being bitten.

A remarkable case of this kind occurred in New York city some years ago. One Prof. Bishop, a man of culture, a college graduate, singularly became a dog fancier, trainer and veterinarian, and had quite a reputation as an authority on dogs. For years he denied the existence of such a disease as hydrophobia. At length, while carrying a sick little dog to his home on Long Island for treatment, he was bitten, and in due course of time died with all the horrors of hydrophobia.

Why should it seem incredible for human beings to be inoculated with the virus of rabies, when the lower orders of animals have in thousands of well-verified cases fallen victims of rabid dogs and other canines and felines? Surely it will not be claimed that dumb beasts have also this implanted dread of hydrophobia.

These "recent scientists" (unnamed) at one dash do away with the deductions drawn by Pasteur and his co-workers from their years of experimentation upon animals and treatment of human beings. Are we to believe that these men are self-deceived, or that they are purposely and knowingly deceiving mankind? I think we are not yet ready to accept any such startling conclusion.

Many years ago, before the advent of Pasteur, I collected for analysis and study

Digitized by Google

all the reported cases of hydrophobia that for a time came under my notice. My list comprises 116 cases. Most of the victims were bitten by rabid dogs, some by cats, some by skunks and one by a wolf.

By personal observation and interviews and correspondence with attending physicians and others having to do with cases, I got a fair idea of them as they occur in this country, their general features and mode of treatment, prophylactic and medicinal. In cases so collected, errors of greater or less importance unavoidably creep in, but not enough to vitiate the principal conclusions.

In more than 50 per cent. of these cases it is recorded that the wound was cauterized, either immediately or at some time after the biting. Some of the remainder were doubtless cauterized, but no note is made of the fact. In the very nature of things it is obviously impossible to apply the cauterizing agent immediately after the wound is received. How long, if at all, the poison lies dormant at the site of the injury, it is not easy to say. If at once taken up into the circulation no local counteracting or destroying agent can be made to reach it. That various poisons are so absorbed, almost instantly, has been abundantly proved. One case bearing upon the virus of rabies, was that of Prof. Werner, of Baltimore, who was bitten while on his way to the college. His wound was cauterized at once, and we may assume that it was done thoroly, but he fell a victim to hydrophobia.

Should it be asked what I do when a person comes to me having been bitten by a dog, I reply that I generally cauterize, not that I believe that by so doing I destroy the virus of rabies, but rather for the quieting effect upon the patient who has faith in cauterization. Of course, I should have a choice as to the agent used, but in the absence of anything better I would rub in salt or red pepper —something that would make a physical impression. If I could give a patient repose of mind by so doing, I would cauterize for any ailment from corns to consumption.

Of my cases, there were 11 reported recoveries. From the histories obtainable it is evident that most, if not all, of these were not cases of true hydrophobia. These were probably of the nervous, hysterical kind. There was nothing in their treatment to indicate that recovery was due to any special medication.

The period of incubation ranged between one day and fourteen years! In four-fifths of them it was between 18 and 90 days. The one-day case was treated with a Missouri mad-stone, and recovered. The fourteen-year case was that of a clergyman who died in Buffalo, and the facts that he was bitten by a rabid dog, and that 14 years later he died with symptoms of hydrophobia, seem well attested.

Those must be very rare cases in which the disease develops under 15 days, or later than 6 months. It has been noted that in skunk bite the incubation period is shorter than in dog bite, and the disease more rapidly fatal. W. Thornton Parker confirms from observation the view that skunk bite on the western prairies is exceedingly dangerous and liable to be followed by hydrophobia— "more to be feared," he says, "than the bite of a rattlesnake."

The Hon. Theo. Roosevelt, Assistant Secretary of the Navy, in a lecture delivered in 1885 on "Hunting the Game of the Far West," says that skunk bite in Kansas and Nebraska means hydrophobia, even tho the animal be not rabid. Whether the Mephitis Americana of that same region retains its virulence, now that the country is measurably settled and under cultivation, I am not advised.

As regards treatment, little need be said. The remedies commonly resorted to are chiefly anodynes and antispasmodics. They include the mad-stone, Turkish baths, camphor, curare, cannabis, chloroform, chloral, calabar bean, bromides, morphia, lobelia—a dreary procession of useless drugs and appliances.

It is not within my province to say how effectual the Pasteur preventive treatment really is, but recent experience at the Institute in New York shows that bites upon exposed surfaces, the face for instance, are liable to prove refractory to treatment.

The well known cases of the Baltimore

Digitized by Google

boys, and one from Long Island, demonstrate this. The vascularity of the tissues involved, and the fact that no clothing intervenes to arrest the poisonous saliva, may account for the more thoro inoculation, which renders the victim less amenable to the treatment. Still it should be tried where one is bitten by a dog known to be rabid—not otherwise.

To recapitulate: Hydrophobia in man is derived from the bite of a rabid animal. The stage of incubation is variable—possibly embracing very wide limits. Cauterization does not lessen the liability to the infection. The disease when developed is not curable by any means now within our knowledge.

BENJ. EDSON, M.D.
83 St. Mark's ave., Brooklyn, N. Y.

Post-Mortems.

Editor MEDICAL WORLD:—One of the most instructive and satisfactory matters of my medical career has been the performance of autopsies. I have performed about five hundred autopsies in the last ten years. It has not interfered materially with my practice, though my work is almost entirely gynecologic and abdominal surgery. I feel I am safe to work on the peritoneum because I always consider that I am liable to have unclean hands, and am, therefore, willing to wash and prepare them with vigor. I am always afraid of the physician who says his hands are clean because, forsooth, he does not do post-mortems nor attend pus cases. Hence, he does not need to make much preparation on his hands. I prepare my hands for surgical work with hot water and soap, then five minutes in alcohol and then five minutes in turpentine. It requires at least thirty minutes of hard rubbing to prepare the hands. I do not think I ever infected a single patient from an autopsy in the past ten years, and I have done hundreds of laparotomies in that time. It is true that if I have a virulent septic case of peritonitis to "post," I feel that nothing less than a solid hour with hot water and soap, $HgCl_2$, 1 to 1000 for five minutes and the remainder in alcohol and turpentine is safe. Post-mortems make wiser and better physicians. It makes dogmatic physicians charitable; it makes ignorant ones much more valuable. It enables us to judge therapeutics with more wisdom. A post-mortem routs mysticism and error. And again, the autopsy is not cruel. It is kinder than eroding worms. It is in the interest of science and that of humanity.

For fifteen years I have practiced and studied gynecology and abdominal surgery, and no part of the study has made me more useful to the patient than the study in dissection and autopsy. Repeated dissections and autopsies is Nature's best method of instruction. Many gross errors are cleared up by a "post."

A few days ago Dr. Ludwig Hecktoen held an autopsy to which he courteously invited me to examine the abdominal viscera. The subject was that of a woman on whom a physician had performed, a few weeks previously, a nephrotomy, and on her left side was the old cicatrix still suppurating. The autopsy revealed an enormous right psoas abscess, extending from the twelfth dorsal vertebra to the middle of the thigh. It was due to a tubercular abscess in the twelfth dorsal vertebra, while the abscess had no connection whatever with the left kidney. It was a mistaken diagnosis and an unnecessry operation had been performed. At least a pint of pus remained in the still unopened and non-diagnosed psoas abscess. A proper diagnosis, with a slight surgical procedure, would have saved for a time at least the patient's life. The physician who operated in all probability had done few or no autopsies. Unless he saw the post he had learned little from his terrible error.

A few days ago a man fell from a building and was immediately paralyzed from about the fifth cervical vertebra downward. Every one of the twelve cranial nerves were perfectly intact and not perceptibly disturbed. The man had a slight scalp wound. Now, from these plain, almost palpable symptoms, the attending surgeon insisted on doing an extensive craniotomy. I stopped the whole surgical procedure, with the aid of a colleague. I told the doctor that there were no symptoms whatever to call for a craniotomy, and that such a person generally died quickly enough without craniotomy. The patient died in about fifteen hours. An autopsy was refused.

Digitized by Google

Now, had the attending surgeon ever performed many posts, he would never have suggested the absurd operation of craniotomy when every cranial nerve functionated normally, and when immediate paralysis occurs after the injury.

What a revelation an autopsy on some obscure case of malaria or typhoid fever makes. We cannot recommend too vigorously that every young physician should secure every autopsy possible. I once "posted" a case dying after a laparotomy, and I found three large holes in the sigmoid flexure and a long string left in the abdomen. The sigmoid perforations were made by a young amateur surgeon. I only wish he had been present at the autopsy. I once helped to "post" a body where a surgeon performed laparotomy and removed the appendix. The patient had a large pancreatic abscess. How many "posts" arise where gall-stones had started the patient on the road to death but were never diagnosed. The post reveals them with the damaged liver.

Perhaps "posts" reveal obscure kidney disease as often as any other overlooked disease. Though the post is the last resort, it is full of instruction for future cases. We more carefully examine our cases when made sensitive to past errors.

BYRON ROBINSON, B. S., M. D.
34 Washington street, Chicago, Ill.

Serum and Pilocarpine Hypodermically for Tuberculosis.

Editor MEDICAL WORLD:—I thank you very much for referring to me the inquiry you had recently concerning the effect of Maragliano's serum, and also that of pilocarpine, by hypodermic injections, for tuberculosis. I beg to say in reply that I have tried both, and find the former of about the same value as the serums made in this country. The great drawback is its excessive cost, and its age before it reaches us. As to pilocarpine injections, I have failed to receive any benefits from them.

St. Louis, Mo. PAUL PAQUIN.

DR. J. D. EDMUNDSON, of Orland, Cal., sends $1 for "a new lease on THE WORLD." We have never had it expressed just that way before. Many of the ways in which this idea is expressed are very original and amusing—and all are welcome.

Calcareous Degeneration in the Uterus.

Editor MEDICAL WORLD:—Mrs. L., German, occupation housework, age 57 years, twice married, mother of eleven children, oldest 38 years and youngest 14 years old.

For about nine years has been flooding at least twenty days in every month, and suffered constantly with pain in the lower abdomen and uterus. For the last two years, as she claimed, has suffered a thousand deaths, getting worse constantly.

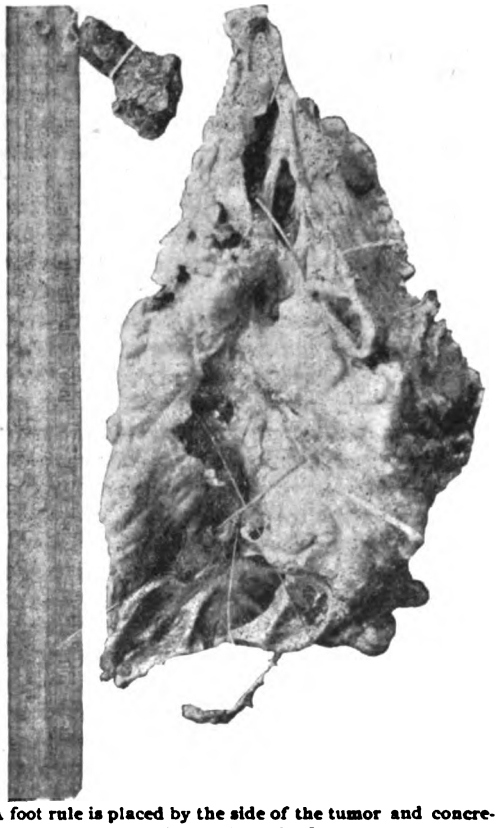
On July 6, 1897, I was called to see the lady, and found her condition as follows: could not lie in a recumbent position, difficult breathing, pain in the uterus and stomach constantly, retching and vomiting; also complained of smothering spells. Found a large mass in pelvic cavity which could not be separated from the uterus. On attempting to pass a sound into the uterus I found it impossible to do so. Could hardly get the point of the sound into the os. On bimanual palpation with one hand in vagina, found uterus greatly enlarged and freely movable. Ovaries also greatly enlarged, the left one more so than the right.

Diagnosed sub-serous fibro-myoma of the uterus with cystic accumulation in the ovaries, and probably polypi in the uterus.

The patient was removed to my private sanitarium at once. The flow had been stopped by another physician about two weeks previous, since which time she had been bothered with shortness of breath. I tried to bring on the flow again to see if it would relieve the shortness of breath, while trying to build her up sufficiently to stand the operation, but this was in vain. She was operated upon July 19, 1897, at 9 a. m., having been in the sanitarium twelve days. She had gained greatly in strength through rectal and forced feeding, and the outlook was brighter than it had been. A complete hysterectomy was performed; operation lasting about one hour and twenty minutes. In putting clamp on left uterine artery the vessel was ruptured and she lost a good deal of blood, due to catching one of the stones in between the jaws of the clamp and thus tearing the vessel. She came out from under the anesthetic nicely. About

Digitized by Google

six hours after the operation her temperature commenced to rise, and in spite of all we could do, continued high until ten o'clock the next day, twenty-four hours after the operation. She was catheterized in the afternoon, about five ounces of urine being drawn; catheterized again early in the morning. Her bowels were moved in the afternoon by injections to remove gas to relieve part of the tympanites, but in spite of all she died.



A foot rule is placed by the side of the tumor and concretion to show size.]

On examination of the specimen I found that the uterus had undergone a calcareous degeneration. Found a large sized calculus in the left ovary about two inches in length, which was crushed. Another large one in the body of the uterus, which is on the picture, and a multitude of others of different sizes; some being like grains of sand. The interior of the uterus felt sandy, there were so many of them. The cysts were all connected with each other as you see in the photograph. I have passed broom straws through some of them to show their connection. Each cyst contained from one to ten calculi. Found a fibromyoma about four inches long, it being a part that was not cystic.

La Crosse, Wis. I. N. COHEN.

Rotheln.

Dear EDITOR: In the November WORLD I see a very interesting article by Dr. E. G. Raymond, of Sunshine, Col. (page 452). He describes exactly the cases we have been having up here (altitude 3,200 feet). I call it rotheln, or German meales. If the doctor will turn to J. Lewis Smith on diseases of children, 7th edition, page 328, he will, I think, find what he wants to know. I have been practicing in these parts eight or ten years, and have only met with this disease once before—some five or six years ago. This time, altho we have the rash, we also have diphtheria and follicular tonsilitis with it. I have seen it in adults as well as in children, and have found it in the infant two weeks old. I use about the same treatment as Dr. Raymond, except I use tr. ferri. chl., glycerine and water as a wash for the throat, and if the temperature is high and symptoms of convulsions, I give phenacetine in doses of gr. j. to children, and gr. 6 to adults.

Davis, W. Va. B. M. SMITH, M. D.

Editor MEDICAL WORLD:—E. J. Raymond, M. D., of Sunshine, Col., seems to think he has studied up a new peculiar mountain fever. The disease he partially describes is called rotheln, or German measles. It is a hybrid disease, simulating measles in some respects, and also scarlatina, but lacks the principle elements of both diseases. See Eberle, 1st. vol., page 529; Barthlow, page 794; Flint, page 999; Osler, page 81; Pepper's American Text Book, vol. 1, pages from 251 to 260.

Grand Island, Neb. C. POE, M. D.

Rotheln.

Editor MEDICAL WORLD:—In November WORLD E. I. Raymond, M. D., has an interesting article on "A Peculiar Mountain Fever," which he says he has not been able to diagnose satisfactorily to himself. From the clear description Dr. Raymond gives of the sickness, I am

Digitized by Google

satisfied he has had the rare privilege of seeing an epidemic of rotheln (German measles).

There is but little said of this interesting disease in American medical literature. This, perhaps, can be accounted for by most cases being diagnosed measles or scarlet fever. The pathological conditions of rotheln have never been well defined. Aside of the complications which may arise, there is but little danger of a fatal ending. The usual complications are of the glandular system or mucous membranes.

I submit these brief remarks, hoping that they will be helpful to Dr. Raymond. I trust some of your readers will prepare a paper on this interesting disease for THE WORLD. Why not the Editor? S. E. HALE, M. D.

New Orleans, La.

[Why not Dr. Hale?—Ed.]

Destruction of Both Eyes by Gunshot Wound Without External Deformity.

Dear WORLD:—I have ever advocated that we confine our accounts of cases for publication to those with which we are likely to meet in everyday work—cases which carry a useful lesson. But as a curiosity in surgical practice, I send the following: Mr. D——, a young man about 18 years of age, went out target-shooting with a 38-calibre Smith & Wesson pistol, from which he had removed the cylinder and drilled a cartridge-bed in the proximal end of the barrel. He was standing upon an eminence when he fired the first shot at a mark not more than four feet from the ground on a large oak tree. His uncle happened at the time to be under his woodshed, 180 yards away, upon the other side of a ravine which separated them. The ball missed the tree aimed at, passed thru the intervening thicket and entered the outer angle of the left eye of the uncle, destroying the ball completely and passed beneath the bridge of the nose, going under the globe of the right eye, dividing the optic nerve and occasioning considerable bulging of the eye. Of course, the sight was entirely destroyed. The patient was not knocked down, but merely dazed and unable to realize for a time what had happened. There was very little shock. Several days after the injury had been inflicted the writer assisted the attending physician in enucleating the globe of the eye which was left, and removed the bullet which was found lying loose (not imbedded) in the right orbit behind the eyeball. The patient made a good recovery, with very little deformity except the complete loss of both eyes. There was no aperture of entrance or of exit of the bullet, and the bridge of the nose was not broken by the lead passing behind it.

What have you and your contributors to say about dengue and yellow fever?

JOSEPH ATKINSON, M.D.

Arcadia, La.

Dengue, Not Yellow Fever.

Editor MEDICAL WORLD:—A widespread epidemic of that singular and mysterious disease, dengue, has been prevailing for the last three months in the states of Texas, Louisiana, Mississippi, Alabama and Tennessee, which has been variously diagnosed at different places and times as typhoid fever, scarlatina and yellow fever, as well as dengue. In the past it has been regarded as a disease of no serious import, in fact so much so that people did not think it necessary to call a physician any more than they did in measles or whooping cough, having learned that it was a self-limited disease, causing no fatalities when uncomplicated, tho it had been frequently called the twin sister of that dread disease, yellow fever. The present epidemic has demonstrated its right to be regarded as a relative of "Yellow Jack," whose characteristic symptoms it has so closely simulated as to deceive even our state and government experts, whose mistake in diagnosis have placed them in unenviable positions, and brought them into disrepute and contempt with the people who before looked up to and trusted them as the pagans did their oracles; for their positive and decisive diagnosis of *it* as *yellow fever* caused a greater panic and more terror among the people than ever did the announcement of yellow fever in all its past history, resulting in the establishment of more senseless shot gun quarantines, and a greater stoppage of the wheels of commerce, with its conse-

Digitized by Google

quent pecuniary loss to the state at large, than ever "Bronze John" was able to accomplish in his palmiest days. I speak of it as that singular and mysterious disease, for I candidly confess that I know less of its origin, cause and nature, than any other disease with which I ever came in contact, tho having passed thru some dozen epidemics of it. I suppose, from its innocuousness and well known inability to produce fatal effects, tho an intensely painful disease, I have not thought it deserving of much attention or searching investigation. Be that as it may, it has acquired force from some source during its three last visits to this region, and taken on so many symptoms that I have long regarded as pathognomonic of yellow fever only, that twenty-five years ago I would have diagnosed every case I have seen in the present epidemic, like our experts, as genuine yellow fever; but after long years of study and investigation of the latter disease, I made, during my labors in the fearful epidemics of it in Memphis in 1878–'79, discoveries of peculiar pathognomonic symptoms which enable me to easily distinguish it from all other diseases, but not the ability to "recognize it by simply looking at a patient in bed." I must have an opportunity of making a careful and complete examination of any case before making a diagnosis of the patient's disease.

I took a firm stand at the beginning of the alarm, and expressed the opinion confidently that there was not and would not be a case of yellow fever in Texas this year, and that there was good reason for doubting that the disease prevailing east of the Mississippi was yellow fever. So far I have been sustained in my opinion as to Texas, and have, as yet, no evidence to cause me to change in regard to other parts. Feeble health and lack of means alone prevent me from making a personal investigation, for, as I am engaged in preparing for publication in book form the facts and truths gathered in my long experience and observation of yellow fever, I would like to see the disease once more in order to verify some of my latest observations, because I have predicted that it has become a disease of the past so far as this country is concerned, having accomplished here its Nemesis-like work as an agent of retributive justice.

The synonyms of the disease under consideration are: dingee, dunga, dandy, bouquet, bucket and breakbone fever, of which the last, to my mind, is most expressive and appropriate, after my late tussle with it. Its common name, dengue, is supposed to be a Spanish corruption of the word dandy, a name conferred upon the disease by the negroes of St. Thomas upon its first appearance in the West Indies in 1827. Of the origin of the other names I can give no explanation, except that of breakbone, which was given it by the people of this country on account of the feeling it produces, that every bone in the body is being broken.

If it will be any consolation to our experts, I will say that this is not the first time dengue has been mistaken for yellow fever. This is why some authors describe yellow fever as being accompanied at times with an eruption. This mistake is the foundation for the common opinion that some epidemics of yellow fever are much milder and less fatal than others. But my observation has been that yellow fever is the same at all times and under all circumstances—a *specific* disease sui generis, separate and distinct from all others. I have failed to observe any difference in its malignancy. I admit that there is an immense difference in the severity of cases in every epidemic, for often the poison overwhelms the patient, who is struck down suddenly with stupor and never rallies, but dies within twenty-four or forty-eight hours; but in the majority of other cases the disease may be so mild as scarcely to confine the patient in bed more than two or three days. But yellow fever is admitted to be an exceedingly fatal disease, and our most reliable statistics, from its first appearance in this country at Boston in 1693 down to the last epidemic of any magnitude, show the general average of mortality to have been thirty-three and one-third per cent., while in certain classes it is often much greater. For instance, in the unacclimated volunteer physicians in Memphis in 1878, of whom, for the purpose of certain observations, I made a list, with date of arrival, period of incubation, result,

Digitized by Google

etc., the mortality was exactly sixty-six and two-thirds per cent., and it was nearly as great among the volunteer nurses who were not immune, tho I have not as exact data as to this class. In striking contrast with these results records show the mortality of that far more painful, yet equally prevalent disease, dengue, to be nil, except when it accompanies or follows an epidemic of la grippe, and then the occasional fatality which occurs should be attributed to a complication or sequela of the latter disease.

There exists among the old residents of the South the almost universal opinion that dengue is always the precursor or forerunner of yellow fever; and many are the dire predictions of a terrible epidemic of that disease next year—and if it occurs, all my calculations and predictions in reference to it will be overthrown.

It is also claimed for dengue that in some epidemics it is milder than in others, and I have thought that it has been increasing in malignancy in the epidemics of 1885, 1893, and the one now prevailing; but in the two first it was complicated with grip, and in the present one, our experts say, with yellow fever. As said before, regarding it as a disease of no serious import, my examinations have been very superficial and treatment palliative only, till the epidemics mentioned above. Looking upon it as a species of rheumatic fever, resulting from a peculiar and unknown electrical condition of the atmosphere and earth, I have classed it among the neuroses and not among the zymotic diseases; and while a pathognomonic bacillus may have been discovered, as claimed, I very much doubt the existence of a pathogenic microbe. While I have always considered the persistent rheumatic symptoms and the cutaneous eruptions, with its universal tendency to recovery, as sufficiently pathognomonic to distinguish it readily from yellow fever, I have been surprised to find in the present epidemic the peculiar descending, full pulse, and the ascending temperature during the first seventy-two hours, which for twenty-five years I have considered characteristic of yellow fever only—never found in any other acute febrile disease—with the peculiar yellow fever tendency to hemorrhage from mucous surfaces and painful swelling of lymphatic glands. If these symptoms existed in other epidemics they were overlooked by me, but I have found no albumen in urine of cases I have examined, which have been few as I am not in practice, but I have found, what I have seen no mention of by any other observer, a specific gravity of 1.030 to 1.034, with two to three grains of sugar to the ounce. I made this discovery in 1885, while making examinations for life insurance, thirty to sixty days after the epidemic, when I found specific gravity 1.028 to 1.030, with clear traces of sugar, and this resulted in the rejection of parties whom I regarded as first-class risks. This condition was only temporary and disappeared in a short time. The same prophylactic course of alkaloidal granules recommended by me in my last paper for the prevention of yellow fever, with a slight change, has saved quite a number of my friends from being attacked by this very painful and irritative disease, while all around them were suffering with it. Neither of these diseases are in any sense contagious, but require "the epidemic constitution," "the epidemic influence," "the *quid divinum*" of father Hippocrates, whatever that may be, to enable them to prevail as an epidemic in any particular region of the globe. In the case of yellow fever in addition to the aforesaid conditions, it is absolutely necessary that certain meteorological conditions exist, and a sufficient amount of decaying, fermenting animal and other organic matter and filth to afford pabulum to enable its specific poison to exist and propagate itself.

When all these necessary conditions exist in any given town or city and the imported "specific infection" of yellow fever is introduced, as well say you can quarantine the wind as that you can confine this specific, infectious but noncontagious disease in an infected house or block in a city. All the armies of Europe and America would be of no avail, and yet this utterly impossible feat has been ordered and said to have been successfully accomplished by government officials in the city of New Orleans, which has had more experience

Digitized by Google

with yellow fever than any other Southern city, and her non-professional citizens should have known that this was an impossibility with genuine yellow fever. If they have succeeded, as they claim, this fact alone is conclusive evidence that they have not had yellow fever to deal with this fall. W. L. COLEMAN, M. D.

Houston, Texas.

The Yellow Fever Farce at Galveston, Texas.

Editor MEDICAL WORLD:—The paramount question among a large per cent. of the people of the United States the past six weeks has been *yellow fever*. That "Yellow Jack" has visited and now prevails at New Orleans, Mobile and several smaller places in that locality there is no doubt. But the report that has recently gone out over the country, that there is yellow fever at Galveston, is a *base falsehood*. There has been an epidemic of dengue here the past two months, which has about run its course, during which there have been probably 20,000 cases in this city; and to the best of my knowledge only one death—that of a child.

It was during the prevalence of this dengue epidemic that such a pressure was brought from New Orleans, upon Dr. Walter Wyman, Surgeon General, to investigate the disease prevailing here, that he sent Dr. John Guiteras, of Philadelphia, a well known writer on yellow fever, here. After about one week's investigation and examination, on Saturday, October 9th, he reported to Dr. Wyman that he had discovered eight cases of yellow fever at Galveston. The result can be better imagined than described. Dr. Swearinger, our state health officer, who had also made a mistaken diagnosis of yellow fever in a case of jaundice, at Beaumont, Texas, and another at Houston, appeared upon the scene at this time, and with several of our local physicians, diagnosed several other cases as yellow fever. However, there were other local physicians who had treated a great number of dengue patients, who were quite familiar with the situation, and who looked beyond the mere fact of albumen in the urine. They took a bold stand against the idea of yellow fever existing here—even if it did prevail at New Orleans, 300 miles from here. The results since then have proved beyond the shadow of doubt that they were correct.

During the week that Dr. Guiteras made his investigations here, the mortuary report for this city was only 8.3, and the preceding week only 7.3. This does not look much like yellow fever; and still Dr. Guiteras lays much stress on mortuary reports as a diagnostic feature in yellow fever. *Every case* that had been diagnosed as yellow fever recovered, and no new ones have appeared. This is a stronger refutation than anything that can be said. The whole thing was a *grand farce*.

The dengue epidemic at Galveston is now history, and so is the yellow fever scare; yet during that time there was demoralization of commerce, restriction of travel, hindrance to the mails, quarantine restrictions, general demoralization. This has cost many thousands of dollars, all on account of the unwarranted, hasty and mistaken conclusions of one man—Dr. John Guiteras. However much we may regard those holding high positions, nevertheless they should be held as amenable for their mistakes as the rest of mankind. Had Dr. Guiteras taken more time, and watched these cases to their termination, he would have been forced to the conclusion that every one of them was only a case of dengue, nothing more.

This reminds us once more that no man is infallible; and that we should not be too hasty in giving our opinions where matters of such moment are at stake.

I consider that it is due the citizens of Galveston and the country at large, that Dr. Guiteras write a retraction of his statement concerning yellow fever in Galveston, acknowledging that he was mistaken, and give it the same wide circulation as he did his declaration that yellow fever existed here. There has not been a single case of the disease here for twenty years. This is written in justice to Galveston.

A. M. WASSAM, M. D.

Galveston, Texas.

Send renewal to day; and don't forget Binder. See Order Blank on page xxii.

Digitized by Google

Appendicitis Complicated with Pregnancy.

Editor MEDICAL WORLD: On Tuesday afternoon, Nov. 2, 1897, I was asked to see Mrs. M., age 23, mother of four children, and pregnant with fifth, the messenger stating that she was likely to miscarry. On entering the chamber, the countenance of my patient told me there was something seriously wrong. The following history was obtained: On Friday afternoon, Nov. 29, while at her work, she was taken with a severe pain in the lower part of the abdomen on the right side, accompanied with vomiting and constipation. This pain was so severe she could not stand erect, the right side seeming shorter than the left. She went to bed and domestic remedies of all kinds were used internally and externally, even to vesication with mustard over the seat of pain, but she continued to grow worse. The countenance showed anxiety; temperature, 102.5° F.; pulse, 120, feeble and fluttering.

On inspection the abdomen was but little swollen, and that on the right side of median line. Pain and tenderness being great, a hypodermic of morph. sulph., gr. ¼, was given, to be followed every two hours with bis. subnit. gr. x, morph. sulph. gr. ¼, until rest was reached or three powders given, when another visit would be made. At my second visit she was resting easier; would only vomit occasionally, but could not bear a careful examination, but I found the most tender spot to be at McBurney's point, which satisfied me it was a case of appendicitis complicated with pregnancy, and in all probability would be with miscarriage.

The question of treatment then came up, shall it be salines or opiates? Having had to use opiates in the diagnosis, they were continued and enough given to keep her quiet and comparatively easy, using a hot water enema night and morning. Lime water and milk were given regularly, and subnit. bismuth at times. There was but little change in her condition until Saturday, November 6, when her temp. came down to 100.4°F. and pulse to 96; soreness not so great. Gave two tablets, gr. i each, of mild chlor. hydrg. and repeated the dose November 7th; and at 2 p.m., November 7th, gave tablet of aloin and cascarin comp., and a second at 8 p.m. Bowels were moved at 2 a.m. and again at 8 a.m. At 9 a.m., my hour for seeing her, found her restless with a temperature of 102.5°F., pulse 120. Gave her anodynes and ordered quiet. At 1 p.m. was called to see her again, messenger stating membranes had ruptured. On arriving found fetus low down, and I removed it with but little trouble, and also membranes. Made her as comfortable as possible and again ordered quiet, with milk and lime water regularly. No flooding; lochia seemed normal first two days, then showed some odor, and vaginal injections of bichlorid. hydrarg., 1 to 3000, were used, which removed the odor.

Nov. 11th, temperature came down to 99° F.; the bowels have been moved naturally without laxatives or enema, but there still remains tenderness on pressure on right side, and inability to lie on left side or to straighten when on her feet. Nov. 12th, she has rested well, has a good appetite and only feels sore when she attempts to straighten herself or lie on left side; feels weak.

This has been an interesting case to me, and it may interest some one else.

Vanderbuilt, Pa. I. C. HAZLETT.

[In appendicitis clear the bowels thoroly, as soon as possible, preferably with castor oil. Your patient will, perhaps, get nearly well, or, apparently, entirely well, then have a relapse, apparently recover again and so on, each time the local condition becoming worse, until relieved by an operation. The longer the operation is put off the more serious it will be.—Ed.]

A Peculiar Case of Pneumonia—Treatment for Colds.

Editor MEDICAL WORLD:—For more than two years the temperature chart and the nurse's notes of the case I am about to report, have lain on my desk waiting the time when I should feel inclined to report it, for to me it was a most peculiar case. At last I seem to have found both the time and inclination.

The patient was a young woman 21 years old, not strong, perhaps, but never sick. Her family history was of the best. She was an active young woman, spending much of her time in the open

Digitized by Google

air. Being specially fond of horses, she drove or rode every day.

I was called to see her one Saturday evening in July, 1895. She had been in bed 24 hours without any special symptom, except that she "did not feel well enough to be up." During the afternoon her mother had noticed a slight cough. It was for this that I was called. I failed to find anything wrong in the chest. Her temperature was 100°. For want of any other symptom, I gave no medicine, but promised to call in the morning.

The following morning, Sunday, her temperature was a trifle below 100. The cough still continuing, I gave ⅛ gr. calomel to be repeated hourly till it acted on the bowels, which it did by the middle of the afternoon. In the evening her temperature had risen to 101½. On Monday morning her temperature was 100⅜, in the afternoon, 103⅜. I began to suspect typhoid fever and called in consultation. Secured two trained nurses and made arrangement for the tubbing treatment.

On the following day, Tuesday, her temperature in the morning was 102°; at 3 o'clock in the afternoon, 104⅜. She was put into a tub with the water at 85°. She went into a chill, which lasted for some time; and her temperature rose rapidly to 105⅜. On Wednesday, although her temperature rose to 105⅜, I did not tub her. But twice after, by the advice of consultant, she was put in the tub with the temperature of the water in the first instance 90°, and in the second 95°. Both tubbings were followed by a chill and rise of temperature. In neither case, however, did the temperature rise as high as in the first instance.

On the morning of the 9th day her respirations, which previous to that time had not been hurried, were, I think, 48; and an examination showed the whole of the left lung below the scapula well on in the second stage of pneumonia.

Now, gentle reader, you say why did you not find it before. My answer is because it could not be found. I had from the first been examining her chest carefully twice a day, and had I been alone in the case would certainly have supposed that I was at fault not to have found it. But on the 3d day her chest was examined by a man who stands second to none in New York city. On the 5th day and again on the 7th and twice on the 8th by another physician of equal ability and reputation, and absolutely nothing could be found, not even a single rale.

The question then was, was it a case of simple pneumonia which had been so located from the first that it could not be detected? or was it a pneumonia grafted onto a typhoid fever? We could not tell. But as the pneumonia cleared up the temperature fell and the patient went on to a complete recovery. We all agreed that it was pneumonia and nothing else.

The peculiar feature of the case was the lack of all symptoms except the temperature until the ninth day a second stage of pneumouia appeared, which went rapidly on to resolution.

I have repeatedly seen cases of pneumonia in which I was not able to make a diagnosis for two, three or possibly four days, but have never seen one before which went nine days before there were any physical sign of the disease.

I notice in the November WORLD that the management of colds is under discussion, and I notice an almost endless variety of remedies suggested for the aborting of them. I have tried many remedies, and have sometimes thought they were of benefit. I know of only one which in my hands offers any reasonable assurance of success. That I consider almost infallible, and I do not see it mentioned. It is, at the first evidence of the cold, to go to bed and stay there till the cold is well. Twenty-four hours is often sufficient; forty-eight will usually cure it.

I know full well that it is a hard prescription to take. I can not take it myself. Some of my patients can and do, and the invariable result is that they break up the cold promptly.

The longer I practice medicine the less drugs I use, and the less faith I have in their ability to cure disease. I do not refer to such diseases as syphilis and the use of iodide of potash and mercury in it. Nor do I wish to be understood as not using drugs or having faith in them. But I refer to nine-tenths of the cases which the active physician is called to treat. In the majority of

Digitized by Google

these I believe the tendency of nature is towards recovery, and by helping nature with some of the remedies she has put in our hands we do certainly assist in her effort to cure the patient. I am satisfied that I do not use one half the medicine I did ten years ago, and I do not think I sign any more death certificates than I did then.

CONNECTICUT.

Editor MEDICAL WORLD:—At the close of my article entitled "An Earnest Expression on Typhoid Fever," you ask five questions:

1. I have used Woodbridge's treatment in only one case; was not satisfactory.

2. Do I use more antiseptics than formerly? No.

3. Is baptisia stable enough to be of use as an intestinal antiseptic? It is a remedy that needs more study.

4. Does it correct the odor of the discharges as well as sulphocarbolates? It does not.

5. Does Dr. Harris' article throw any new light on the subject in your estimation? Yes, I consider it a very able article, and the man who wrote it is a thinker.

E. D. PRESTON.

Warren, Pa.

For Otalgia.

Take a pellet of absorbent cotton as large as the external meatus, dip it *well* in collodion, and apply it quickly in the meatus. Relief will be prompt.

C. W. SCHOENEMANN.

Los Angeles, Cal.

Calcium Sulphide.

Editor MEDICAL WORLD:—The various articles which have appeared in recent numbers of THE WORLD on the therapeutic uses of calcium sulphide have been of special interest to me and deserve careful consideration, as there seems much diversity of opinion as to its true place in our materia medica.

The wide range of its application by some and the uncertainty expressed by others, are evidence that its therapeutic value is far from settled. Its use upon the theory advanced by some that it is a reliable anti-zymotic no doubt accounts for its wide range of application by those who so regard it, while those who use it only as a specific in a certain class of cases confine its application to those limits.

It is now somewhat over twenty-five years since I began the use of calcium sulphide. It was then lauded as a most reliable antizymotic, and I also so regarded it, using it with confidence in a wide range of ailments and attributing almost every favorable change to its use. It was not long, however, until my confidence began to weaken, and a careful comparative study of its therapeutic action was pursued, which resulted in limiting its use, as it was found that many of the results formerly ascribed to the calcium sulphide could as readily be obtained without it. Thus by carefully comparing results, with and without its use, in one disease after another where it had formerly been relied upon, its negative effects became apparent in so many cases that its use was still further restricted, until finally in the course of five or six years it seemed to have gravitated to its present narrow limits, viz.: the destruction of the bacilli of carbuncle and allied affections. Its specific action in this class of cases has been so abundantly demonstrated that it must now be regarded as the most reliable means we have of combatting this class of troubles.

During the former years of my practice, up to 1882, it was my custom, as was then the practice, of freely incising carbuncles, ofttimes making a crucial incision and curetting the base; also cutting freely and deep into similar inflammations of the hands and fingers—a barbarous practice when compared with the present methods. Since the period above named, however, I have continued to treat the usual number of that class of cases, but have not in a single instance lanced a carbuncle nor any similar inflammation of hand or finger if seen before pus had formed in considerable quantity. I find that even a small amount of pus may be broken down and absorbed. My chief and only reliance is the sulphide of calcium given in ¼ gr. doses in pill every two hours until the patient is thoroly under its influence. When pain subsides, the doses are given at longer intervals and continued until every trace of the trouble has disap-

Digitized by Google

peared. I do not regard one, two or more grains at a dose as in the least dangerous; but from careful observation I am convinced that ¼ gr. every two hours is about as much as will be properly absorbed and distributed, and that larger doses are worse than useless, as the excess of sulphuretted hydrogen adds to the discomfort of the patient.

I could relate many cases of advanced and serious carbuncle that literally dried up and disappeared under this treatment, but as this article has already exceeded the limits I intended, I prefer to hear from others whose conclusions are based upon abundance of experience, and during a sufficient length of time to make them valuable in finally and for all time fixing the value and limits of this important drug. Constipation, malaria and other complications which may be obstacles to the specific action of the calcium sulphide must receive attention and be properly treated to get the full benefit of the specific.

St. Louis, Mo., J. C. SPOHN, M.D.
4400 Washington Boulevard.

Extra Uterine Pregnancy.

Editor MEDICAL WORLD:—Ovarian pregnancy being so very rare, some authories even denying its occurrence, gives me courage to report this case for publication.

Was called October 15th, at 11 p. m., to see Mrs. L., aged 36, married 6 years, no children, no miscarriages. Last menstruation first week in August. Had been flowing slightly since September first; thought herself pregnant; had morning sickness and other subjective symptoms.

On my arrival found her suffering pain simulating first stage of labor. Diagnosed threatened abortion. Ordered tr. opii in 15 drop doses every hour, and left instructions to call me again if not relieved by morning. Saw husband next day. He reported patient comfortable. Advised that she keep quiet in bed a few days.

Was called again October 19th, at 9 p. m. She had been taken about 5 p. m. with sudden severe pain, which had kept growing worse. On my arrival found her pale, chilly and suffering from paroxysms of pain resembling first stage of labor, tho she seemed to complain more than is usual in such cases. She remarked, "there is no use trying to check it again." I thought so too, and adminlstered stimulants and 10 grs. quinine. Pains grew worse. Made examination to see if os was dilated sufficient to admit of manual or instrumental assistance. To my great surprise, found a virgin uterus, and announced that she was not pregnant; that the pain was probably neuralgic. Ordered morph. sulph, gr. ¼ every hour until relieved, and left at 11 p. m., to call next day.

Was summoned hurriedly at 7 next morning. Patient had just expired on my arrival. Husband reported that morphia had not subdued the pain, that she had vomited considerably, and had gradually grown weaker since my departure in the night. I told him there was nothing in the uterus, but as she had had symptoms of pregnancy, it was probably a case of extra-uterine pregnancy and rupture, and asked for an autopsy, which was granted.

Made autopsy 12 hours after death, assisted by Dr. C. A. Johnson, of Mancelona. Found abdominal and pelvic cavities full of clots and bloody serum, in which was floating an amniotic sack containing a two months fetus. Left ovary ruptured. Tube intact and all other organs normal.

Alba, Mich. DR. F. L. KELLEY.

The Palms in Typhoid—Membranous Croup

Editor MEDICAL WORLD:—The condition of the palms of the hands in typhoid fever spoken of by Dr. Benedict (page 450, November WORLD) sounded familiar to me, so I looked up my notes on typhoid and found the following: "Dr. Filipovitch, of Odessa, thinks he has discovered a diagnostic sign of typhoid. It is a peculiar callous look and an orange yellow or saffron yellow hue of all the prominent parts of the palms of the hands and the soles of the feet. This disappears as soon as convalescence begins."

My notes were taken during the winter of '94 and '95, but whether I got this from my Prof. of Practice or copied it from some medical journal I am unable to say.

In membranous croup (laryngeal diphtheria) try tincture of sanguinaria cana-

Digitized by Google

densis three parts, dilute acetic acid one part. Twenty drops of the mixture in half a glass of water; teaspoonful doses frequently, and thank Dr. O. E. Janney, of Baltimore. It will do all that medicine can do. THE WORLD is not the only medical journal, but it fills a want not reached by any other journal.

Rudd, Iowa. R. H. FIELDS, M.D.

Sexual Weakness and Diseases of the Urethra.

Editor MEDICAL WORLD:—Many cases of sexual weakness and impotency, result from disease in the urethra. Men of all ages, married and single, apply to us for relief from nervous troubles and sexual weakness. People suffering from these ailments behave very differently. Some complain of not having the same keen desire for sexual intercourse as formerly enjoyed. They occasionally fail to execute or complete the act of sexual congress; or they are oversensitive, and barely come in contact with the opposite sex, when, suddenly, an imperfect, unsatisfactory orgasm quickly terminates the intercourse, the virile organ at once becoming flaccid and totally incapacitated for further efforts at copulation. In some cases an erection is either impossible or very hard to excite. Some of these patients suffer from lascivious dreams and nocturnal emissions. They observe a ropy mucus passing from the urethra while they are at stool, or after urinating, and sometimes seminal fluid escapes with the urine. Some complain of dull headache, suffer from forgetfulness, feeble will power, pain in the back, palpitation of the heart, dyspepsia, constipation, weak and dizzy spells, weakness of the legs, cold hands and feet, and occasionally horrible feelings of impending danger are suffered. Under such circumstances the countenance wears an anxious expression, mixed with an appearance of distress and melancholy. Tired feelings, loss of ambition, drowsiness, and yet an inability to sleep well, are not infrequent symptoms manifested by this class of patients. Paralytic symptoms are not uncommon, and actual paralysis of the bladder, or other parts of the body, may result from causes competent to produce the symptoms above detailed; and mental weakness or insanity may be the result.

When we come to look for the source of the above named troubles, we find that many of them have resulted from masturbation, sexual excesses, or gonorrhea; and by a careful examination we find many of them suffering from stricture of the urethra, either in a soft or hard form; or gleet in some stage, lingering under bad treatment, not one in a hundred of them being entirely free from some kind of urethral irritation. A patient may suffer from considerable congestion and irritation in the urethra and know nothing of it till an examination is attempted, when he finds that he is exceedingly sensitive. Quite extensive soft strictures, such as Otis denominates strictures of large calibre, may exist and the patient not know of them, as strictures. Men are apt to think that when they can pass water freely and without pain there can be no stricture, or any other disease in the urethra that can do very much harm. This is a great mistake. It is true that in most cases of stricture, and in some cases of gleet, patients suffer a good deal from burning pain in urinating, frequent desires to urinate, or the stream may be very small and the water pass slowly. In some cases hard strictures are found, when the stream of water is persistently small, in proportion to the reduction of urethral calibre produced by the stricture. But we meet with many cases where the water flows freely and easily, and yet, upon careful examination, we find comparatively narrow, constricted places in the urethra, resulting from inflammation. Nearly all these patients suffer from some degree of sexual weakness; some of them have gleet, and no matter whether the disease in the urethra is painful or troublesome or not, we cannot cure the sexual weakness nor the gleet till we get rid of the local disease in the urethra.

The conditions above referred to are entirely competent to disturb the whole nervous system. Any irritation in the urethra, the prostate gland, the testes, or even about the anus or rectum, continuing for any great length of time, has a tendency to weaken the generative function. The reflex action upon the lower portion of the spinal cord, from

Digitized by Google

the continued irritation of the genital nerves, results in exhaustion, sexual weakness and final impotency. Of the one hundred and seventy-one cases of impotency coming under the immediate observation of Prof. S. W. Gross, *one hundred and fifty nine depended upon urethral disease*—inflammation or stricture in some form. Some of these cases had been masturbators, others had indulged in sexual excesses, while not a few had had gonorrhea. Prof. Gross held that persistent masturbation may result in inflammation of the urethra and the formation of strictures. This agrees with our own observations; and further, we know that the same results do sometimes follow sexual excesses. While gonorrhea, especially when badly treated, is the most prolific cause of urethral inflammation and strictures, it is not always the cause of these troubles. Whatever may be their cause, in different cases, the relation of urethral irritation, strictures and sexual weakness is well established. It is also an established fact that unless we cure these local troubles, as already observed, we cannot relieve the nervous diseases resulting from them, whether they be sexual weakness, St. Vitus' dance, paralysis or melancholia. If the proper treatment is neglected, complete loss of sexual appetite and power—impotency—*is certain to be the result;* and, possibly, paralysis of some kind may result sooner or later. We may prescribe coca, strychnia, phosphorus and other appropriate medicines, and we may help our patients a little for a while, but until the urethral disease is cured we need not expect lasting results.

What shall we do? Electricity is the principal remedy for these troubles. Properly applied, it relieves irritation and congestion; granulations and thickening of the mucous membrane of the urethra, and gleet, if present, all disappear; if nocturnal emissions are suffered, they cease, or appear less frequently; sexual appetite and vigor return, and the patient is surprised that such a very small thing should be the cause of so much trouble. I have seen many cases of gleet, and quite a large number of cases of sexual weakness without gleet, of long standing, that had resisted all methods of treatment, rapidly recover under proper electrical applications. Galvanism, applied through an insulated flexible electrode, armed at the distal end with a metal tip as large as can be passed through the smallest place in the urethra, the negative pole of the battery, from four to twelve cells, from one to five minutes, one to three times a week, is the proper treatment. The positive pole of the battery should be held in the hand by the patient, while the metal tip on the negative pole should rest upon the diseased parts of the urethra during the operation.

Where sexual weakness depends upon urethral disease and it is treated as above detailed, very little medicine is required; but we have cases of a nervous character, some of them not traceable to any illegitimate cause, and no disease of the urethra found. Others are known to be the result of bad habits or excesses, some of them dating back to early boyhood; with some of these masturbation is still practiced, and nocturnal emissions are suffered by many. These cases, where no local disease is present, require suggestion, nerve tonics and static electricity. Suggestion is a great help in these cases. We meet with but few diseases where the mind controls the body more than it does in "the private vice;" and no therapeutic agents with which we are acquainted work in more beautiful harmony than static electricity and suggestion. They are especially effective in arresting the practice of masturbation and stopping nocturnal emissions. It is marvelous what happy changes we can bring about, in a comparatively short time, in confirmed cases of nervous debility and melancholy by the judicious use of these simple measures. Young men, and even middle-aged men, frequently reach conditions of desperation just because they feel and realize that they are failing in manhood, losing their working courage, memory and general business ability on account of the practices and conditions above named. These patients do not always receive the sympathy and careful attention from physicians that they deserve. Many of these people are good and honest, of the very best families in the land, not always directly to blame for their conditions. We should

Digitized by Google

do all we can to save them and prevent them from going very wrong, resorting to drink or other desperate measures.

Resume: Where sexual weakness depends upon disease of the urethra we cure it and relieve all of its nervous elements, by first getting rid of the local disease. We apply galvanic electricity directly to the diseased parts, as already described. This is the most effective measure with which we are acquainted to relieve any urethral irritation, to cure chronic gleet, or to excite the absorption of soft strictures; nothing equals it, and under the influence of applications of this kind, properly made, all irritation rapidly disappears, soft strictures seem to melt away, unnatural discharges cease. The patient at once feels relieved and knows he is enjoying healthful changes. And this treatment is free from pain or danger, except that a few patients may be a little sensitive at first. As the local troubles disappear, if the patient is not gaining in sexual strength and working courage as he should, we place the positive electrode of the battery over the lower part of the spine, while the negative electrode is in the urethra, and we rapidly break the current. This is the interrupted galvanic current, and applied in this way it thoroughly electrifies the whole generative apparatus, re-establishes the healthful nervous current between the spinal cord and generative organs, and completes the cure of sexual weakness. As sexual strength returns, melancholy, and all other nervous elements of the disease disappear as if by magic. In occasional cases, it may be necessary to use static electricity and suggestion, in conjunction with the interrupted galvanic current, for these agents are fully as potent in the cure of sexual weakness of a nervous character as they are in breaking the habit of masturbation and stopping nocturnal emissions.

In the application of static electricity in all these cases, the patient should be placed upon an insulated chair and sparks drawn from the lower part of the spine, each sitting from five to ten minutes, and repeated at least three times a week. The sparks should be as strong as the patient can tolerate without too much discomfort. Any apt student can learn the practical application of electricity and suggestion in a very short time; the details can be mastered by continued practice. We earnestly recommend their use, for we know their virtues.

GEO. C. PITZER, M.D.

St. Louis, Mo.

Impotence—Sexual Neurasthenia.

Editor MEDICAL WORLD:—Impotence may result from one or more causes, and may be functional or organic; temporary or chronic.

The functional forms may become chronic. In this variety the patient appears to be in perfect health; his erections are perfect, yet, upon attempting connection, fear suddenly siezes him, he *thinks* he cannot accomplish the act, and he fails. The more he attempts to perform it, the more complete the failure.

The difficulty in such a case is purely psychic; and whilst we classify the condition as being functional, there is a cause for such disturbance. Occasionally, such men, with another companion than the one to whom they are bound, may be able to satisfactorily consummate the act. (I shall not discuss the morals of the question.) Others are never able to overcome their fears.

Another class, one that is large and growing, is one where the loss of virility is due to a nervous debility; a sexual neurasthenia, a loss of power for an erection at the proper time, or if there be one it is imperfect. In these cases also, there is, frequently, a more or less pronounced spinal or central affection, which is the direct cause of the impotence.

We live too fast in this age of the world. We make haste to be rich, and whether we succeed or fail the result is too often the same—a breaking down of the nervous system in some one or more of its essential functions.

We hear so much about dyspepsia. What is dyspepsia? The term is very much like malaria—it covers a multitude of symptoms. It is a nervous affection primarily, one of the results of our high pressure system of living.

Impotence, as a rule, is purely a nervous affection, and should be treated as such. There may be intense desire at times, but not at the right time. There may be lascivious dreams, but never, as

Digitized by Google

in youth, an orgasm at such times. Such a condition manifests itself frequently in those subjects suffering from some of the spinal affections, more especially if the genito-spinal centre is in an irritable condition.

In some of these cases I have found that the patient could not lie upon the back, and examination revealed quite extreme tenderness in the lumbo-sacral region. They suffer from priapism at night, sometimes lasting nearly the whole night. Emptying the bladder relieves this for a short time, but it soon returns. Upon attempting connection they fail.

If taken early in the disease such cases are, as a rule, cured by appropriate treatment. This will be discussed in a second paper.

There is another class of impotents whose defect is due to over-indulgence either in sexual congress or masturbation. I am frequently asked this question: "How often may I have connection and retain my vigor?" This must be answered according to the circumstances and conditions in each individual case. Some men are in the habit of indulging every night. One came under my care who was still in full power, who acknowledged to two and three times a night. He came to me for "some trouble in the head, and my back is also giving me some trouble." In this case tobacco was used immoderately, which aggravated the difficulty.

Alcohol and tobacco are potent factors in all these nervous ailments. It is a curious fact that in some cases alcohol will increase and allow indulgence, temporarily, and in others prove entirely prohibitory. Some men when partially intoxicated are able to have full and frequent connection, whilst others become utterly impotent under the same conditions.

There is another class of sexual neurasthenics who, while having an erection, are so excitable that ejaculation takes place at an inopportune moment. In others an orgasm takes place only after prolonged excitement, and is then not as satisfactory as in former years. With still others it cannot be produced at all. Frequently a part of the difficulty may be due to an apathetic companion, and this accounts for an occasional straying away from the home fold.

Occasionally I find a patient who, while impotent, is rather pleased than otherwise at such a condition. He cares for none of these things. As a rule, however, patients are very sensitive and apprehensive in regard to sexual debility. They do not want to grow old and useless.

Generally much can be done for relief; sometimes complete restoration brought about; and not infrequently no gain may be perceptible.

We must bear in mind that this question is a most important one, and that it is useless to tell a patient that he is growing old and ought to be thinking of something else. If we do not give him proper attention and treatment, he will go elsewhere; too often to irresponsible and unscrupulous charlatans.

A man will frequently spend more time and money to recover lost manhood than to regain any other function of the body.

By the way, it has been stated that consumptives are more amorous and productive than others. Is this so? If so, why?

WM. H. WALLING, M.D.

Philadelphia, Pa.

Tetanus.

Editor MEDICAL WORLD: Tetanus is now generally conceded to be a germ disease. Nicolaier discovered the bacillus in 1885. Rosenbach demonstrated its presence in man in 1886. Other competent observers have since confirmed their opinions. The bacillus is rod shaped and is found in various-shaped masses in the tissues. The typical bacillus swells at one end, showing a shining globular spore, which gives it the appearance of a pin. The spores are found in all parts of the body. They are exceedingly prevalent in the air and soil. We would naturally wonder why there are not more cases of the disease, when we take into consideration that the microbe is always present. Direct sunlight destroys the microbe in a short time; this is, no doubt, why there are so few cases. Kitasato claims that the nervous phenomena are not produced by the presence of the bacillus, but by a toxine produced by the bacillus. This he

Digitized by Google

claims to have demonstrated by the use of a filtrate perfectly free from germs, which was injected into animals, resulting in tetanus. There are no distinct pathological changes noticeable in post mortems. The period of incubation varies from a few hours to several weeks, usually within the first three weeks after an injury. Idiopathic cases have been reported, but it is doubtful whether they really exist. The wound that permitted the entrance of the bacillus might have healed weeks before the attack, thereby obliterating the abrasion where infection took place. These are, in my opinion, the so-called idiopathic cases.

Perhaps I can do no better in this connection than recite a case that Dr. Bley, Jr., of this city, treated, which I had the pleasure of seeing, May 13, '97. Miss H., aged 7, complained of a slight pain and stiffness in back part of neck and shoulders, which first put in its appearance three or four days before, while attending school. The physician in attendance diagnosed the case a slight attack of muscular rheumatism and prescribed accordingly. Within twenty-four hours after the first call, the disease had developed sufficiently to enable the doctor to diagnose the complaint accurately. Symptoms: Rigidity of all the muscles, especially marked in the neck, back and abdomen; rotation of head impossible; contraction of risorius muscles producing the so-called sardonic grin, so characteristic of this disease; anxious expression of countenance; contraction of masseter muscles, preventing opening of the mouth more than half an inch; abdomen felt like passing the hand over a board, a symptom the text books do not make mention of; respiration normal, except shallow; slight opisthotonis; temperature 102°; constipation; sleep disturbed by frequent clonic muscular contractions, intensified by a sudden noise or a draught of air; pain during muscular contractions; skin dry; urine high colored and scant. The symptoms remained about as above for four days, except when under the influence of medicine, then gradually subsided. Recovery complete June 7th, except weakness.

Treatment: At the beginning of treatment enough morphine sulphate was given to produce sleep, together with ten to fifteen drop doses of tr. veratrum viride. every 3 hours until muscles were relaxed. A mixture containing the following to each fluid drachm was then given in teaspoonful doses, every 1, 2 or 3 hours, according to the severity of the symptoms, until convalescent:

℞	Chloral hyd., . . .	grs. v
	Pot. bromide, . . .	grs. viii
	Hyoscyam. nig.	
	Cannabis sat. . . .	āā gr. $\frac{1}{12}$

A sore mouth developed during the illness, which yielded to hydrastis canadensis and potassium chlorate. This is the sixth case occurring in this locality within ten years. Two cases ended fatally. One developed after an injury to the foot, the other after child birth.

C. C. PATCHEN, M. D.

Beardstown, Ill.

A Case of Tetanus.

Editor MEDICAL WORLD:—About 9.30 p. m., September 22d, I was called to see Sam McG., age about 35. I found him in a condition of slight opisthotonos, jaws tightly clenched, cervical muscles rigid and tender; intense headache, body bathed in perspiration, pulse over 120 and fluttering, respiration 60 and labored; temperature 99°. He was conscious, but almost speechless. As I endeavored to pull the chin down, there was a slight convulsive tremor, and the slightly separated jaws closed with a snap. I found two very sensitive teeth, or rather roots, and there was marked tenderness over the infraorbital foramen. There were also several abrasions on one hand, and at the flexure of one of the fingers there was an unhealed cut, which he had received a few days before from contact with the jagged edge of an old rusty basin.

Mr. McG. had returned from his work, driving a mower, that evening, rather more tired than usual. He ate supper, but complained of the toughness of the steak, and his jaws were sore. Finally, complaining of headache, he lay down, and grew rapidly worse.

I at once gave him hypodermically ¼ gr. morph., $\frac{1}{100}$ gr. atropia, $\frac{1}{100}$ gr. glonoin, and five drops of tr. of aconite, and repeated the dose in half hour. Gave him the same amount in two doses

Digitized by Google

during the next hour, giving two of the injections into the masseter muscles. Of course, I disinfected thoroly the wounds and dressed them. I remained with him about five hours and left him in a good sleep; respiration 40, pulse 100, and very slight relaxation of jaws.

Saw him again at 7 a. m.; considerably improved; jaws relaxed sufficiently to enable him to take water from a spoon and also to talk some; no opisthotonos, but considerable soreness and stiffness about jaws, neck and shoulders, also some epigastric tenderness. Gave small doses glonoin hourly thru the day. He improved right along; was able to eat some next day, and was up and around on the fourth day. I forgot to state that I enforced the strictest quiet and seclusion.

This is the first case of tetanus that has occurred in this immediate vicinity, altho there have been several a few miles to the south of us, and nearly uniformly fatal. My confreres at Downey, three and one-half miles distant, had a terrific case—traumatic—last week, which was fatal in three days. Dr. R. told me that they used the serum treatment faithfully, but with no apparent effect.

While "at it" I wish to say "Amen" to Dr. Newth's utterances on typhoid fever, even to the cinnamon water. His treatment and mine coincide exactly.

Rivera, Cal. W. D. GROTON.

Membranous Croup.

Editor MEDICAL WORLD:—In your November number I note two communications on the above subject. In that of Dr. Thornton I observe a disposition to discount the contribution of the bacteriologist to diagnosis, and in Dr. Winslow's to their contribution to therapeutics. I am not a bacteriologist, so have no personal concern in the matter. I have, however, from the standpoint of the practical, given the entire subject considerable attention and, because of this, beg the privilege to reply as it were to both these seasonable papers by giving a synopsis, not of my personal opinion or the conclusions of any single observer, but of the best teachings of the profession on this subject.

Until recently there were vital questions regarding the identity or non-identity of membranous croup and laryngeal diphtheria, and concerning the essential lesion of diphtheria whether local or constitutional, which could not be definitely decided because of the lack of more searching methods of diagnosis. Men of equal skill were arrayed one against the other to no purpose, for one group of cases confirmed the theories of one class, while another with equal weight favored the opposing class. The isolation of the specific germ of diphtheria about ten years ago, and the subsequent recognition of the fact that this is not the only bacillus capable of producing a pseudo-membrane, have completely revolutionized both our clinical conception and treatment of pseudo-membranous affections. Diphtheria is now positively know to be primarily a local affection; and that a lesser number of cases once classed as true diphtheria are not so, but are due generally to streptococcus infection and are not contagious. On the other hand, 98 per cent. of all cases of old fashioned membranous croup are equally positively know to be diphtheria in its worst form (McFarland). The 2 per cent. of cases are produced by strepcoccus infection and are not contagious.

I quote the following from Emmett Holt: "From the extensive bacteriological researches made since 1890, both in this country and in Europe, uniform results warrant the following statements:

"(1) Pseudo-membraneous inflammation in the larynx is invariably true diphtheria.

"(2) Pseudo-membranous laryngitis following a primary pseudo-membranous inflammation of the tonsils, pharynx or nose is, in the great majority of cases, true diphtheria.

"(3) Pseudo-membranous laryngitis following inflammation of the tonsils, nose or pharynx, occurring as a complication of measles, scarlet fever or influenza, is more frequently due to another kind of infection (usually the strepcocci) than the diphtheria bacillus."

The train of results which follow from a diphtheritic infection always depends upon the virulence of the infecting bacillus and the seat of infection. If the

Digitized by Google

local lesion be superimposed upon the laryngeal mucous membrane, as in membranous croup, the dense underlying membrane will so far prevent the absorption of toxins that the characteristic clinical picture of diphtheria is masked. The masking is further facilitated by the rapid course of the disease and the early appearance of symptoms of obstruction to respiration. Contagion is feeble in proportion to the shortness of the course which the disease runs.

Regarding treatment, a word. We have no disease in which prompt and efficient treatment is more urgent than in membranous laryngitis, irrespective of the name by which the physician may choose to call it, for successful treatment must always rise paramount to all questions of nomenclature. Not desiring to take up space in discussing the many remedies which have been advanced during the past 20 years only to fall into obscurity, let me say that in the light of recent developments, antitoxin and intubation are the measures to be applied. It is in these cases more than in any other that the high value of antitoxin is shown. Tentative treatment of whatever nature is sufficiently condemned by centuries of high mortality under its employment. No remedy ever advanced has more testimony in its favor than has antitoxin (Holt) or has so materially reduced the fatality of this disease.

The Supplementary Collective Investigation of the American Pediatric Society, in analyzing 1,704 cases of membranous croup, found a mortality of only 21.12 per cent. where antitoxin was employed, and that only 17 per cent. of the cases required operative interference. When antitoxin is generally employed early and a reliable and highly concentrated product selected, the fatality from this disease will be reduced to a minimum. JACOB R. JOHNS, M. D.

Philadelphia.

Restudy the Materia Medica.

Editor MEDICAL WORLD:—Our great manufacturing corporations are doing a grand work by way of supplying us with pure, accurate and elegant pharmaceutical preparations, and deserve great praise and adequate patronage. But with this they are also training up a class of physicians who take aim by way of diagnosis and fire into their patient one of these shot-gun preparations, and frequently it goes straight to the mark and the patient rapidly recovers.

Now then there is nothing scientific in this method of practice; almost any level headed mother who has reared a family can pretty clearly diagnose any ordinary ailment (and most of the preparations mentioned are addressed to these), and then it only remains to buy the bottled drug and take according to the directions of an individual who never saw the case. Now does not the physician do the same thing? What better then is he than the old granny, with her reticule of roots and herbs? Would it not be better to emancipate ourselves in some measure from this way of doing things? I was once told by the most promising young physician I have ever known, that he "did not practice scientifically now as he once did when young in the profession, having taken to the use of proprietary preparations." Not to mention the danger of such a practice, I would earnestly protest against it as wanting in every element of rational, scientific medicine.

The only dignified, professional way of doing things is to study your disease pathologically, therapeutically and symptomatically, and treat according to indications. I am not one of the so-called new school physicians, yet I am a strong believer in remedies being indicated by the symptoms.

To begin our study of the materia medica, let us take up the old fashioned drug, quinine, of which a certain therapeutist says: "When you don't know what to give, give quinine."

To give quinine in malaria is nothing new to most people; but it is not a little remarkable that this drug will produce the phenomena of malaria, chill, fever and sweat? And if untimely used by a malarial subject may produce the paroxysm. It may appear to some people that this drug is used in this complaint upon the homeopathic principle: "similia similibus curantur." However this may be, the fact exists just the same.

There has been much discussion as to the oxytoccic properties of quinine.

Digitized by Google

Some are very zealous in their affirmation of this action of the drug, whilst others are equally as strong in their denial of it. My experience is that it will not originate labor pains, but is a grand promoter of them when they do exist, especially when we add strychnia, gr. 1/30 to gr. ij or x of quinine.

I have a patient who has a bad case of tonsilitis every slight cold she takes. Frequently these attacks are aborted by the administration of a dose of x or xv grs. of quinine. This practice is indicated where pus forms, and must be administered prior to its formation.

Two years ago I had a case of summer diarrhea in a child which resisted all treatment by astringents and laxatives. By mistake the mother gave gtt. x of paragoric every hour during one whole day, and, at her own suggestion, she administered three vii gtt. doses of tr. opii during the same time. The child was heavily drugged with the opium, but, nevertheless, had fifteen or twenty stools during the day. The condition readily yielded to quinine.

There is no doubt of the power of quinine to arrest inflammatory processes in their formative stages, if it is administered at the right time. A commencing fibrinous pneumonia, a pleuritis, an endocarditis may be aborted by a full dose —gr. xx–xl.

I live in a community where much stress is laid on the use of quinine in typhoid. I here boldly assert that it is of no worth whatever in this disease, and so little do I think of it in this connection that it never enters my mind as a drug indicated in these cases. It has no influence over the course and duration of this affection, but its irritant effects upon the gastro-intestinal mucous membrane, and its depressing influence upon the heart and lungs render it positively injurious in some cases. The dryness of the tongue, the diarrhea, the subsultus and the delirium are increased by it.

I would be pleased if every member of the WORLD family would help in this work of renewing our acquaintance with the physiological action of the remedies we most commonly use. Would it not be a profitable study? M. G. PRICE.

Mosheim, Tenn.

Are you going to take "The World" for 1898?

DR. C. FLETCHER SOUDER has received a great many letters concerning his article in November WORLD on the Injection Treatment of Hernia, inquiring for further instructions in detail as to his method. He cannot reply to these letters one by one, but will make a general reply in another article. He was too busy to finish the article for this issue, but it will be ready for January WORLD.

Puerperal Convulsions—Hernia Pudendi, Complicated by Hematocele.

Editor MEDICAL WORLD:—On the 2d of August, 1897, I was called in haste to the bedside of Mrs. B., seventeen years of age, a blonde of good physique, weighing about 130 pounds. She was at full term with her first pregnancy. She had gotten along during gestation very nicely, but with the advent of the first labor pain she had a convulsion and became unconscious. By the time I had arrived she had had seven convulsions and was unconscious, breathing laboriously. I hastily made a vaginal examination and found the os fully dilated. I immediately introduced the forceps and in one-half hour delivered her of an eight pound girl. I tied and severed the cord and then introduced my hand into the uterus and removed the placenta, and irrigated the uterus and passage with hot water. As soon as this was completed my patient went into another severe fit. I then put 30 drops of Norwood's tinct. of veratrum into my hypodermic syringe and injected it into her arm. In a few moments the pulse began to soften and slow; from 120 it dropped to 60, and she vomited twice and sweated profusely.

By this time it was 9 o'clock A.M. I watched the pulse closely, and when it would begin to get hard and increase in frequency I gave her a hypodermic of 10 drops of veratrum. I kept this up until 9 o'clock P.M., and by this time I had given her 130 drops of the veratrum hypodermically. She had now gone from 8 A.M. until 9 P.M. without having a fit, but she was still unconscious and restless, drawing one foot up in the bed and shoving it down, then drawing the other up and throwing her hands promiscuously in the air. I then determined

Digitized by Google

to put her to sleep. I gave her ½ grain of morphine and $\frac{1}{60}$ grain of atropine hypodermically. In twenty minutes she was asleep, and continued to sleep all night. When she awoke the next morning she was rational and seemed perfectly surprised when her babe was presented to her. She made an uneventful recovery.

On the 25th of July, I was called in consultation with Dr. L. to assist in reducing a hernia pudendi. Our patient was a lady 25 years old and the mother of one living child. She had miscarried one time and at present was six months pregnant. I made an examination of the vulva and found the left labium majus largely swollen, really as large as the closed fist. The tumefaction was soft and seemed to me like fluid, but upon asking her to cough an impulse was very distinctly perceived. I made inquiry into the history. She said she had had it to come down occasionally for four years, but was always able to get it back herself until this time. She said it never was so large before. She was also suffering a good deal of pain. Dr. L. gave her chloroform and I tried to reduce it, but could not succeed. I thought of aspirating the tumor, but decided to leave it alone and to go home and prepare to operate. I drove home, a distance of eight miles, prepared and went back. I was gone from her about four hours. Upon my arrival the second time, Dr. L. informed me that she was having a violent hemorrhage of recent onset. Said the blood was pouring from her vagina in such an enormous stream he could not tell whether it was coming from the womb or the tumor. We placed her across the bed, exposed the vulva, parted the lips and found the tumor had ruptured upon the vaginal wall. I introduced my finger into the rent, scraped out a large clot, gave a little upward pressure and felt the bowel slip back into the belly. I then filled the cavity full of iodoform gauze, packing it tight, bleeding ceased. I then saw that the patient was suffering severely from the loss of blood; complained of being blind, lips white, pulse weak and slow, skin cold and clamy. I wished for my transfusion apparatus, but had failed to bring it, so I gave her a hypodermic of strychnia and nitro-glycerin, also belladonna; cleaned the patient and bed, applied heat to the body; in three hours we had gotten our patient in fairly good condition. At this point labor pains supervened. Os dilated and premature labor came on; she did not lose any blood, however, and the placenta came away of itself. I dressed the cavity by filling less gauze each day and by the end of ten days the cavity was completely filled, and the patient made a slow, but steady recovery.

Cornelia, Mo. J. T. ANDERSON, M.D.

How Are Your Collections?

The discussion brought out by our list of questions under the above heading in August WORLD has been interesting, and, we hope, helpful. This magazine is conducted in the interest of the medical profession, and the Editor is not afraid to publish truth, wherever he finds it and whatever it may be, if such publication will help the medical profession in any way whatever. A few letters still come upon this question from which the following are selected:

Dr. T. J. Edwards, of Illinois, writes endorsing Dr. Matchette's article and says:

Will the time never come when men will speak the truth regardless of political affiliations? No, Doctor, I can't collect one dollar now as easy as I could ten during and after the war. And why? Because then we had plenty of money, and now we have not. Yes, open the mints to gold and silver and make the metal up into standard money, and if that is not enough to do the business of the country, then issue greenbacks to make enough. Then, my brother, and not until then, will real prosperity come.

Dr. W. B Aspinwall, of Plymouth, Ind., sends copies of the documents of the Marshall Co. Physicians' Business Association, by which they hope to settle the dead beat question. One of the documents begins with the following:

DECLARATION.

As a certain class will employ a physician for a time and leave him with an unpaid account and employ another, therefore, for the purpose of mutual pro-

Digitized by Google

tection, the undersigned physicians of Marshall county, Ind., have agreed, one with the other, that in the future they each and severally will render no service to any person, under any consideration (except in a case of emergency) who is owing any one of their number a physician's account and does not make a satisfactory arrangement for paying the same.

Then follows the names of twenty-eight physicians. Then blank lines for an account, then the following:

Accompanying this declaration is a statement of your account, with the hope, for the reason of this mutual agreement, you will make satisfaction within . . . . days, that the necessity of so being reported may be avoided.

* * * *

The following statement is to be filled out by members and sent to delinquents:

. . . . . , Ind., . . . 189 .

M . . . . .

Your account of $ . . . . , extending from . . . to . . . . . , must be adjusted, and you are requested to call and make satisfactory settlement of the same. If you fail to do so within . . . days from date your account will be placed in the hands of the Marshall County Physicians' Business Association. Respectfully,

. . . . . , M. D.

* * * *

If the account is placed in the hands of the Association the following is sent:

OFFICE OF
MARSHALL COUNTY,
PHYSICIANS' BUSINESS ASSOCIATION,
. . . . . Ind., ... 189 .

M . . . . . .

We have been informed that you have failed to satisfactorily adjust your account with Dr. . . . . , and the same has been placed in our hands for settlement. If you do not pay this claim, or arrange to pay it to the entire satisfaction of Dr. . . . . within ten (10) days from the date of this notice, your name will be placed upon the list of worthless and irresponsible debtors, and it will be impossible for you to procure the services of any physician of this Association until the claim of Dr. . . . . is adjusted. Respectfully,

D. C. KNOTT, Secretary.

"How Are Collections?"

Editor MEDICAL WORLD:—In reply to your questions will say: No. 1. Collections are better than since 1892–3. No. 2. Double those of half of '93 and '94–95–96. No. 3. Were best in '91–2 and half of '93. No 4. Were worst in '95–6. No. 5. Causes: In Nebraska, partly from crop failures, but more from the change in governmental policy in 1892, a change that did all it could to fasten that "odious British system," free trade, on this country, a change that caused almost the paralysis of death to the industries of this country, a change which made '95–6 the most prosperous Great Britain ever saw and as equally disastrous here. Has any one heard of our cousins building any bonfires over the passage of the Dingley Bill as they did over that of Prof. Wilson? Free trade or "tariff reform" not being disastrous enough, an organized effort was made to debase the money.

The "advance agent of prosperity" has outlined the remedy for all these calamities, and the program is being and will be carried out to the letter, and the change for the better in business, in prices, in employment, in collections, in money seeking investment instead of hunting its hole, and the "Union Pacific steal" ought to satisfy any one of the big change from '93–4–5–6, and that the "advance agent" is onto his job, and that 8 short months have worked wonders out of the 4 years of wreck, ruin and bankruptcy caused by an *un-American* policy.

No. 6. I go after them myself—have no collector. No. 7. Cannot live quite as well as '91–2–3, but very much better than '94–5–6, and have no children to educate; if I had I could hardly do by them as in '92–3. Why not? Because of poor crops and the "Crime of '92."

Wisner, Nebr. D. BOSWELL, M.D.

Editor MEDICAL WORLD:—In answer to your questions, "How are your collections?" I will say, better than last year. I do less hard work and get more pay and better pay for what I do. The doctors in this country have been the cause of people not paying them until every body else was paid, and nothing left for the doctor. I tried the old plan

Digitized by Google

for three or four years and quit it and took up the idea that is dropped in November issue by our brother of Southern Louisiana. Yes, I am living better than I ever lived, and it is because I am collecting my bills.

Quit advising young men to study medicine. An old doctor's students reminds me of a spider after she gets her score of little ones started in the world: they will all crawl up on her back and hang on. I remember very well that my preceptor had four students and we all sat down on him at the same time. One was his brother. But alas! he starved us all out. I've had some three or four young men to come to me for the purpose of studying medicine, one my brother. I tell them I don't want any students. I also tell them of the long, costly, tedious road, and of the unthankful position they will many times occupy. But I maintain that, if the doctors will bring this thing of collecting to a better point, such will not be the case as it now is.

I could not do without THE MEDICAL WORLD; success to it and its readers.

Wellspring, Tenn. T. J. IRWIN, M.D.

Editor MEDICAL WORLD:—You ask about collections. I will answer your questions, seriatim:

1. Never so bad as now.
2. They do not compare with any of the years 1896-95-94-93. Were better in 1892.
3. They were best in 1880-1885.
4. Worst in 1873-1879.
5. Contraction of the circulating medium the cause. Remedy, an increase of the volume of currency commensurate with business needs.
6. Moral suasion.
7. I do not nor can not live as well as formerly.

Goodland, Ind. J. B. WESTCOTT.

DR. W. B. SQUIRE, of Worthington, Ind., sends quite a long letter in reply to that of Dr. Young, of Canton, O., describing a very gratifying condition of prosperity in his town, in spite of the gold standard. I wish such a report would come from every city, town and hamlet in the land, whatever the standard. We have plenty of native wealth and energy; the only problem is to properly use the energy and distribute the wealth. The function of exchange controls this to a large extent. If gold would keep up with the possible production of wealth, maintaining a steady and constant relation to all forms of wealth as produced, it would answer this purpose perfectly. But it has gotten far behind the possibilities of production by machinery and improved methods, and in proportion as it is behind (in quantity for exchange purposes) it is a "hold back." Our instrument of exchange should not depend on the accident of discovery.

Editor MEDICAL WORLD:—The remedy for the individual doctor is to do his work where it will count. For example, minor surgery pays well; so does office practice. Regular call practice is apt to be poor pay. A man who will probably pay a bill of $20 calls upon me saying that his child, ten miles away, is sick. He leaves it to me whether to call or put up some medicine. I send the medicine and stick to my office. The man calls next day to report. About one-third of the time I have to visit the sick boy. The bill is small, and nine times out of ten I get my pay. Had I made daily visits to the boy in the country, my bill would have been several times as great, and I should have lost some or all of it, besides I would have lost what came to my office in my absence. People having learned the fact that the doctor and his medicines are nearly always at home, bring their patients to the office. If they are very ill and the case is good pay I urge them to leave the patient with me and I provide board and nursing. If I have a very sick patient ten miles away I contrive to move him to my residence. If the people are very unreliable, I inform them that I cannot possibly call every day, and urge them to move the patient into town to some of their friends, then the case is handy. and the bill being small is more likely to be paid.

There is no single rule or remedy for poor collections. Concerning this question and also question six, I will say that it is a good plan to classify patients somewhat after this fashion.

Class A will come and pay; let them

Digitized by Google

alone; they will hunt you up and pay you. Never send them a bill.

Class B will come and pay, but are *slow*. Deal with them and bring it around so that the account comes up in a business way, seemingly by accident. If they are a little slippery, do this early and adroitly. Handle them with care.

Class C will pay if you go after them, but will not come to you. Be right on hand with your bill before other people get around with theirs. Make your work for these people as light as possible, for they are apt to degenerate into Class D, who always think they will be able to pay, but are so far behind all the time that somebody must be a loser. It is best to employ these people before they have run up a large account with you, or get them to look up security. They degenerate into Class E, who are N. G. Their type is the single man without a steady job.

The worst customer I have found is the single man who never works long at one job. He sends for you when he is in a devil of a plight, and he talks about "getting your money, Doc," until you feel like kicking him through the side of the house. He is N. G., and if he would only keep his mouth shut about that "money you are sure to get," treating him would be less disagreeable. After I get him well the most disagreeable part begins. I am furiously anxious to get some of his money, but to tell the truth I would rather punch his head, for he will promise and promise, and then he will lie about you.

C. E. BOYNTON, B. S., M. D.
Los Banos, Cal.

THOSE who have ever begun using the THE MEDICAL WORLD Visiting List will not use any other. We used to offer a free three months' trial. Will do so again. Send price (see Order Blank on page xxii), and if after three months of use you do not wish to continue, return ledger, case and unused sections and we will refund in full what you paid for them.

IN order to make a permanent book of your WORLDS, order a WORLD Binder (see Order Blank on page xxii). They are worth much more than their price.

This volume shows 518 pages of reading matter—all for $1. Less than one-fifth of a cent a page—cheap, isn't it? You would consider a book of 518 pages cheap. But to get it in twenty installments, fresh and up to date, is better than to get it once, as in a book.

Quiz Department.

Questions are solicited for this column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication) will not be noticed.

The great number of requests for private answers, for the information and benefit of the writer, makes it necessary for us to charge a fee for the time required. This fee will be from one to five dollars, according to the amount of research and writing required.

"KNOCK OUT DROPS" are asked for, and their action. We suppose these are usually some form of opium—laudanum perhaps.

FORMULA for "Hay's Hair Health" is asked for.

DR. J. ASHWORTH, of Ashworth, Mo., asks where a pure concentrated extract, or syrup of pineapple can be procured.

FORMULAS for many nostrums of only local repute are asked for. These we cannot procure.

Editor MEDICAL WORLD:—I wish you, or some of your many readers, would give me treatment for excessive dandruff.

Dana, Ind. DR. J. R. SWAIN.

[The cause is usually a dry scalp. The remedy for this condition is to keep the scalp well lubricated; vaseline is as good a thing as can be used for this purpose. —Ed.]

Dr. J. D. Nicodemus, of Walkersville, Md., writes: "In the May number of THE MEDICAL WORLD, 1895, you made a brief editorial reference to what was then a new proposed treatment (cure?) for consumption and cancer by hypodermic injections of pilocarpine. I have seen no reference to it since. Will you be so kind as to state in your next issue whether or not the treatment has been pursued, to what extent and with what results? Please give dose and frequency of repetition, etc., etc. I have a case of incipient consumption which I am extremely anxious to cure, and if there is any virtue in this treatment I am anxious to have the benefit of it. Your "Monthly Talks" are worth more than the price of your journal. Continue them till some of the reforms are written into law and put into execution."

[Those who are giving the treatment of consumption and cancer special attention please reply.—Ed.]

Digitized by Google

Bowels Disturbed by Presence of Gall Stones.

Editor MEDICAL WORLD:—I have with this mail sent you a concretion passed this a. m. from bowels, with no pain whatever, in connection with a watery stool. This patient of mine has been suffering more or less for the past five years, with an occasional attack of very acute pain over region of stomach and liver, once or twice becoming jaundiced. During all this time he has not had a natural stool. Once every morning a regular stool, but it is always watery—never solid. I diagnosed gall stones, and put him under treatment for same, and to-day he passed the concretion which I send you. His general condition has been fair during the past few weeks, appetite good. The only annoyance is the watery stool, and this only once a day regularly. Was my diagnosis correct? I forgot to mention that for the past two weeks stools have been natural, but this morning the same condition came on again, when he passed the concretion.

Lehighton, Pa. W. G. M. SEIPEE.

[The nucleus of the concretion was evidently a gall stone, which grew in size by phosphatic deposits upon it during its tedious passage through the bowels (it is about the size of a small hickory nut). The watery discharges were due to partial obstructions by this concretion at various points during its passage. There are "diarrheas of constipation," you know. There may be other concretions. The rectum should be examined by the finger, and if nothing is in reach, copious enemas should be given, as either other concretions, or fecal accumulations, or both, may still exist. Free enemas and thoro abdominal massage should be given every few days, until the intestinal canal is clear. For the liver trouble, put your patient on phosphate of soda for a long time.—Ed.]

Pain in Feet in a Diabetic Patient.

Editor MEDICAL WORLD:—I have a diabetic patient, fifty-two years of age, that suffers intensely with pain in the soles of his feet. The pain never goes above the ankles. I think it is of a reflex neurotic origin. He wants something done for the pain. It does not make any difference how much I can tell him about the cause of the trouble; treatment is what he wants. I have done everything I know of, gone thru all the text books I have at hand.

Tustin, Mich. S. CONOVER.

[I have talked with a specialist about your patient, and he and I agree that the pain in the feet depends upon the general condition. What are you doing for the diabetes? and with what success? Give that your chief attention, and look after the circulation in the feet. If pain concentrates at one or more points, with appearance suggesting sluggish circulation, look out for gangrene. Hot foot baths would perhaps be of benefit.—Ed.]

Brain Trouble.

Editor MEDICAL WORLD:—I would like a diagnosis of the following case from you or some of your many readers.

October 12th I was called to see a boy 7 years old complaining of severe pain in frontal region, being worse on left side. Temperature normal, pulse 70, pupils dilated, tongue thickly coated white, breath very offensive. Prescribed calomel, ipecac and soda, to be taken twice daily; acetanilid every 3 hours to relieve pain; followed next morning by teaspoonful of Epsom salts every 3 hours till bowels acted. Next evening father of boy reported him better; had been up playing most of the day, but still complained of some pain in head. I advised acetanilid increased, and after having given a few doses, if pain did not cease to report to me. Five days afterward, on October 18th, I was called to see him again. During the five days he had been apparently improving, able to be up all the time. I found him suffering from intense pain in the head; had a chill followed by some fever, dilated pupils, pulse 75, tongue clean. It required three or four ¼ grain doses sulphate of morphia to subdue pain. I prescribed acetanilid to subdue fever, quinine in 2 grain doses at 7, 9 and 11 a. m. every day till I heard farther from him. On the 20th reported better. Did not hear from him again till the 26th, when he was reported doing splendidly. The next night, October 27th was called in haste. Found him with symptoms of apoplexy; right leg and arm paralyzed;

Digitized by Google

contractions and rigidity of muscles of left arm and leg and rigidity of muscles of lower jaw; pulse 75; temperature normal; aphonia, pupils dilated, semi-comatose or somnolent condition. When asked to put out his tongue he would make an effort and did succeed in putting out his tongue once. There was no paralysis of the muscles of face or tongue. I. prescribed bromide of potassium and chloral to relieve the rigidity. Next day, 28th, I found muscles relaxed except some spasmodic action of the left arm and leg at intervals. Stopped the bromide and chloral and prescribed celerina, strychnia and ergot. He gradually sank into a comatose condition, pulse and temperature remaining normal till about 24 hours before he died, which was November 3d, temperature rising to 103° F., and pulse to 160.

Would be much pleased for a diagnosis thru your excellent journal. My diagnosis was circumscribed cerebritis of left lateral and frontal region.

J. M. TORRANCE.

[Your diagnosis is a likely one. Could you not get a post mortem? Did you ask for it? That would have cleared up the diagnosis in this case. While your diagnosis is likely, that the trouble was meningeal is perhaps more likely, while abscess is a possibility.—Ed.]

Examination Questions from West Virginia.

Editor MEDICAL WORLD:—Thinking that possibly some of the readers from the various points of the compass would be interested in what is required of a legalized practitioner in the state of West Virginia before he can enter the portals of its medical domain, I hereby submit the questions of a recent examination held by the board of that state.

U. I.

[A good discipline—a sort of post graduate practice—would be to take up a set of questions occasionally like the following, and master them.—Ed.]

ANATOMY.

1. Name the cranial nerves, foramen of exit, origin, and what they supply.
2. Describe portal vein, origin and termination.
3. Where is the uneiform bone located and give articulations?
4. Name ligaments of shoulder and knee joints and tell the kinds of joints they are.
5. Describe the femoral artery, naming branches and its anatomical relations with the muscles and the ones it supplies with blood.

CHEMISTRY.

1. Name 20 elements with their symbols.
2. How distinguish $Hg_2 Cl_2$ from $Hg Cl_2$.
3. Give tests for albumen and sugar.
4. How is soap made and name the principal by-products?
5. Name the following formulae: Hcl, HNO_3, $H_3 PO_4$, H_2O, CAO.

MATERIA MEDICA.

1. Give definitions: analgesic; cholegog; diaphoretic; ecbolic; galactorrhea; hydragog; rubifacient; sialagog; mydriatic; prophylactic.
2. Describe mercury and its different preparations, and the uses of each.
3. Give antidotes for mineral acids; belladonna; carbolic acid; chloroform; croton oil; lead salts; strychnine; opium.
4. Give dose of aloin; tartar emetic; atropine; codeine; lupulin; physostigmine; pilocarpine; podophyllin; strychnine; oil savine.
5. Describe fully, giving officinal and common names, of the following: opium; belladonna; assafetida; valerian; columbo; cinchona.

PRACTICE.

1. Differentiate apoplectic, opium, uremic and alcoholic comas.
2. Give etiology, pathology, symptomology, treatment and prognosis of acute general peritonitis.
3. Give etiology, pathology, symptomology, treatment and prognosis of Bell's paralysis. What is meant by reaction of degeneration?
4. Give etiology, pathology, symptomology, treatment and prognosis of cirrhosis of liver. What functional lesions give rise to dropsy?
5. Give etiology, pathology, symptomology, prognosis and treatment of epidemic cerebro spinal meningitis. What can you say of its cause?

OBSTETRICS.

1. Describe a normal labor.
2. What are causes of post partum hemorrhage?
3. When is the use of forceps indicated? and what are the dangers?
4. What are the causes, symptoms and treatment of puerperal fever?
5. What is the mechanism of R. O. P. presentation?

SURGERY.

1. What is the treatment and diagnostic symptom of hallux valgus?
2. What are symptoms of gonorrhea? treatment? and what complications may arise? and give treatment for them.
3. Describe operation of amputation at mid-

Digitized by Google

dle third of leg, and what instruments would you use?

4. Describe Colle's fracture; give diagnostic symptom and position of the ulna.

5. How prepare a violin string (gut) for surgical use?

Sodium Chloride (NaCL).

Editor MEDICAL WORLD:—I have never seen the above remedy recommended in rheumatism nor uric acid diathesis. Having often heard that the famous mineral springs owed their healing qualities to the abundant amount of water the people drank, and not to their medicinal properties, made me wonder why our own water wasn't just as good. I supposed it was, but we couldn't get the people to drink enough. I have thought of a remedy that will make them drink even more than they would at the famous mineral springs, and this remedy is no other than sodium chloride, or common table salt. You will be surprised to see how it flushes the system. You can tell your patients to drink copious draughts of water, but nine times out of ten they will not drink any more than usual, and never drink enough because they haven't confidence in water. I have given NaCL a fair trial in rheumatism, but want my fellow physicians to give it a trial also.

I have never used it in uric acid diathesis, but should think it would be an excellent remedy and will give it a trial at my earliest opportunity. I give about 1 gr. with 1 gr. sod. bicarb. every three hours, and it soon makes them thirsty; urination is increased, and the system is thoroly flushed. Continue it several weeks if necessary. Now of course NaCL and sod. bicarb. aren't cure-alls, by any means; but I consider them excellent remedies in rheumatism and think they would act well in uric acid diathesis or any disease in which the system needs flushing.

HERMAN SCHMIDT, M. D.
Huey, Ill.

[Sodium chloride is a prominent constituent in every mineral water with which we are acquainted. The Doctor seems to consider his sodium chloride and bicarb. the remedies; is not the water ingested the real remedy? We have long urged the copious drinking of water in all forms of rheumatism and gout, in the uric acid diathesis, etc. See leading editorial in WORLD for last May, entitled "A Mineral Spring Practice at Home." As there suggested, powders of sodium chloride may be used as a placebo, with instructions to take it dissolved in a glass brimming full of water, say every two or three hours. Lay special stress on taking each powder in a glass *full* of water. The practitioner that succeeds in inducing his patients to drink copious draughts of pure water in rheumatic, liver, kidney and bladder troubles, etc., will greatly increase his success.—Ed.]

Prevention of Post Partum Hemorrhage.

Editor MEDICAL WORLD:—In May WORLD I asked for treatment for a woman subject to post partum hemorrhage. I received many prompt suggestions thru THE WORLD, besides several private letters containing advice. I gave fl. ex. ergot dr. ij, liq. strych. min. xl and water to oz. iv, a teaspoonful three times a day. She was on this treatment about a month before delivery, and I had no trouble with hemorrhage. There was a little excessive discharge of blood, but nothing alarming. During the confinement, just after the child was born, I grasped the uterus at the fundus and pressed downward and backward, keeping firm pressure for about an hour, holding the fundus of the uterus in the palm of my hand, with the fingers grasped down the sides as well as I could.

J. A. HERSHEY, M.D.
Massey Station, Ont., Canada.

Gombault's Caustic Balsam.

Formula for the above is asked for by a Neb. brother. The following is taken from the Westen Druggist:

Gombault's Caustic Balsam states on its labels that it is a safe, speedy and reliable remedy for curb, splint, sweeney, poll-evil, grease-heel, capped hock, strained tendons, founder, wind puffs, mange, skin diseases, old sores, dropsical affections, inflammations, throat difficulties, swellings or ulcerations, lameness from spavin, ringbone and other boney tumors, and many other diseases or ailments of horses, cattle, sheep and dogs, will quickly remove all

Digitized by Google

bunches or blemishes without leaving any scar or other injurious effects. It can also be reduced with sweet or raw linseed oil and used as a most valuable liniment for all kinds of simple lameness, strains, etc.

The following formula makes a preparation which replaces the secret article to good advantage: Take of—

Croton oil,	4 fl. dr.
Cotton-seed oil,	2 fl. dr.
Oil of camphor,	1 fl. dr.
Oil of turpentine,	2 fl. dr.
Oil of thyme,	½ fl. dr.
Kerosene,	4 fl. dr.
Sulphuric acid,	20 ♏.

To the mixture of croton and cotton-seed oils add the sulphuric acid, stirring continually, then add the other constituents. After standing a few days it resembles the original preparation fairly well.

Formula for "Dr. William's pink pills for pale people" is asked for. We do not know the formula, but any physician can formulate a ferruginous pill that will benefit "pale people."

Formula for "Floraflexion" is also asked for. Also, "Red Cross Constitutional."

Formula for "Low's Worm Syrup" is again asked for. We are not acquainted with this nostrum, but santonine is probably the base.

Perhaps the inquirer wishes to know the formula for this preparation for a special reason, and we think it well for physicians to be as well posted as possible concerning the constituents of widely advertised nostrums, in order to not have to say, "I don't know," when asked, and also to be able to give a proper antidote when an overdose is given.

Practitioners usually prefer to give worm medicine in the form of powders —calomel and santonine; but for those who wish to give a syrup, the following are suggested:

FOR WORMS (Lumbricoid).

[This is one of the best anthelmintics that can be employed for these round worms in children.]

℞ Fl. ext. spigeliae, . . oz. j
Santonini, . . . gr. xx.
Elixir frangulaxinæ, . . oz. ij
M. Sig. Teaspoonful three or four times a day, till free stools are obtained.—Leonard's 1000 Prescriptions.

WORMS IN CHILDREN.

℞ Hydragyri chloridi miti,
Santonini, . . . āā gr. iv.
Ft. et chart No. v.
M. Sig. One powder three times a day;
or
℞ Santonini, ... gr. viij.
Ext. spigeliae et sennae fld., . oz. j.
M. Sig. Teaspoonful three times daily.—Oliver P. Rex, M. D., Philadelphia, Pa.

Depilatory.

Editor MEDICAL WORLD:—Can you give me a ℞ for the best and safest depilatory that is known at present? also mode of preparation and application? One desired that will not scar.

F. H. VAN DYKE, M. D.

Williston, N. D.

[The electric needle applied to the root of each hair is the best. The following, recommended by Dr. McCall Anderson, Edg., is perhaps as good as any chemical application:

℞ Barii sulphid, ... dr. iss.
Zinci oxid, ... dr. vi.
M. Sig. Mix with water to form a paste, apply for three minutes and then scrape off.]

For Whooping-Cough.

Professor Bigsnel says: Five or ten drops of oil of fennel given twice daily is often effective in mitigating the paroxysms of whooping-cough—a return, it is said, to an old remedy.—Practical Druggist.

Are you going to take "The World" for 1898?

Formulas.

[As explained last month, we are publishing the formulas for a number of widely advertised nostrums on the theory that physicians have a *right* to know what the people are taking, and also to aid in counteracting deleterious influence in case of an overdose.]

Mr. Richmond's Samaritan Nervine.

This preparation is intended to cure not alone fits and all nervous diseases, but also the defects of moral character. Below we give a few of their absurd statements:

"A bad temper can be treated just as successfully with a dose of medicine as a cough or a headache. Dishonesty in a servant need not be punished by discharging him. You have only to give him some of this marvelous medicine.

Digitized by Google

If your son will not study his lessons do not send him to bed early, or threaten him with more severe correction, but give him Dr. Richardson's Samaritan Nervine for one week, and he will become the most studious and diligent child in school. There is certainly no end to the benefits which this specific has conferred upon mankind. As a peacemaker it acts like magic. A wife who had for twelve years been abused and neglected by a morose and violent husband, asked the doctor what she should do. He told her to put every day a few drops of Samaritan Nervine in his coffee. She did so, and in a surprisingly short time the morose grumbler became a lamblike, affectionate, docile spouse. When so simple a remedy as this is at hand there is no longer any reason why domestic discord should continue. A miserly father refused to sanction the attentions of a poor but respectable young man to his daughter. The loving damsel surreptitiously inserted a few drops of the Samaritan Nervine into her father's coffee each meal, and within a fortnight the stern old gentlemen not only acquiesced in the lovers' marriage, but gave the bride a handsome dowry."

This article is put up in five-ounce panel bottles, poorly labeled, and it retails at $1.50 per bottle. Such an article could be put up for less than fifteen cents, including container, leaving by no means a small margin for the profit of its manufacturers.

According to our analysis this wonderful agent has the following formula:

Potass. bromide,	1 oz.
Sugar,	1 oz.
Caramel,	20 minims.
Water,	5 oz.

Dissolve and add oil cassia 10 minims.

—New Idea.

Reynold's Gout Specific.

A formula said to produce a similar preparation adopted from Dorvault has been given in Druggists' Circular:

Wine of colchicum (Reynold's).

Take of—

Rum,	30 parts.
Colchicum root,	250 parts.
Sherry,	500 parts.

Poppy flowers sufficient to color. Mix.

—Secret Nostrums and Systems.

Rheumatic Ointment.

A French quack doctor employs, with great success, an ointment for rheumatic pain. As we believe that modern physicians should be without any -opathy, and take any good remedy, no matter what its origin, we give this one:

Take of—

Sulphuric acid,	15 gr.
Prepared lard,	105 gr.

Mix.

Owing to the difference in density of the two bodies great care must be taken in mixing. If quite easy rubbing with this mixture it brings about redness of the skin very rapidly and acts as an excellent revulsive. In sciatica, rubbed along the course of the nerve, it gives rapid relief.—Times and Register.

STOKES'S EXPECTORANT.

This is quite a popular remedy in some localities.

Take of—

Carbonate ammonia	30 gr.
Fluid ext. squills	1 fl. dr.
Fluid ext. senega	1 fl. dr.
Paregoric	6 fl. dr.
Syrup of tolu	12 fl. dr.
Water	10 fl. dr.

Dissolve the carbonate of ammonia in the water and add the remaining ingredients.

Dose:—A teaspoonful.

—Secret Nostrums and Systems.

WHITE'S COUGH SYRUP.

Take of—

Syrup tolutani	2 oz.
Glycerini	4 oz.
Syrup scillae comp	6 oz.
Syrup ipecacuanhae	6 oz.
Tinct. lobelia	6 oz.
Tinct. opii. camph	6 oz.
Ext. pilocarpi fl	2 oz.
Ammonii chloridi	1 oz.

Mix. Dose:—Take a teaspoonful three times during the day, and every hour or two before going to bed.—Secret Nostrums and Systems.

BATEMAN'S PECTORAL DROPS.

Take of—

Tinct. of opium	1½ oz.
Tinct. of opium, benzoated	20 oz.
Tinct. of Canada castor	5 oz.
Cochineal, ground	1 oz.

Mix. Dose for adults:—20 to 30 drops, morning and evening. Not to be given to children under ten years of age.—Hager.

SCHENCK'S PULMONIC SYRUP.

The following formula for Schenck's Pul-

Digitized by Google

monic Syrup was given to me by an old lady several years ago, who professed to know all about the late Dr. Schenck when he commenced:

Take of—

Wormwood	½ oz.
Catnip	½ oz.
Tansy	½ oz.
Hyssop	½ oz.
Hoarhound	½ oz.
Hopa	½ oz.
Chamomile	½ oz.
Comfrey	½ oz.
Senega	½ oz.
Elecampane	½ oz.

Boil with sufficient water to make, after straining, one quart; then add:

Gum arabic	1½ oz.
Liquorice	1½ oz.

then one good sized Indian turnip, and finally add:

Sugar	3 lb.
Brandy	½ pint.

Juice of two lemons.

—H. M. Wilder in Pharmaceutical Record.

WHEELOCK'S COUGH MIXTURE.

Take of—

Sulph. ether	3 dr.
Tinct. hyoscyamus	1 oz.
Syr. wild cherry	1 oz.
Syr. tolu	1 oz.
Water to make	4 oz.

Mix. —Pharm. Era.

BRONCHILLINE.

Bronchilline is said to contain in each fluid ounce, the following therapeutic agents:

Mullein	4 gr.
Horehound	4 gr.
Senega	4 gr.
Ipecac	4 gr.
Sanguinaria	4 gr.
White pine	4 gr.
Wild cherry	16 gr.
Pine tar	8 gr.
Chloroform	4 min.

To prepare a syrup having this composition, proceed as follows:

Take of—

Mullein	64 gr.
Horehound	64 gr.
Senega	64 gr.
Ipecac	64 gr.
Sanguinaria	64 gr.
White pine	64 gr.
Wild cherry	256 gr.
Chloroform	64 min.
Pine tar	q s.
Sugar	14 oz av.
Alcohol	q. s.
Water	q. s.

Make a tar water, following the method of the U. S. P., for syrup of tar. Take the mixed drugs in about No. 40 powder, and, having mixed eight volumes of the tar water with three volumes of alcohol, proceed to moisten the drugs with this menstruum. After allowing to stand twenty-four hours to swell, pack them in a percolator, and percolate with the menstruum until eight ounces of percolate have been obtained. In this dissolve the sugar with the aid of a gentle heat, and when cold, add the chloroform and enough tar water to make one pint.—New Idea.

BIRNEY'S CATARRHAL POWDER.

The following formula will be found by pharmacists and others to give results practically identical with those of Birney's preparation:

Take of—

Cocaine hydrochlorate	19 gr.
Magnesium carbonate	18 gr.
Powdered peppermint leaves	5 gr.
Sugar of milk enough to make	1 oz.

Divide into four equal parts and put into two dram vials.—Druggists' Circular.

Our Monthly Talk.

In a republic, politics should occupy the earnest thought and be the serious concern of the best citizens. The clergy is usually considered narrow and impractical; but a few months ago I heard from a clergyman's lips the best definition of religion and politics that I ever heard. It was this: "Religion at its best is politics; and politics at its best is religion." Yes, religion can do nothing better than to so change conditions that the bountiful plenty that God gives us shall be so distributed that no mouth shall hunger, no head be unsheltered, and the peace of contentment and the light of hope be in every face This is the acme of religion on earth, and it must be done by politics. The equitable and honest operation of all public utilities, as transportation, exchange (banking), etc., for the service of the general public at cost, eliminating the element of profit, and the use of land as an impartial heritage from God to the human race, would very largely remove speculative features from our civilization. "Young America" would cease to race for a fortune, and settle down to a commendable service to the community, and the upbuilding of his real self—his mind, heart and soul. The following inscription was found over an ancient temple: "The world was given us for our own upbuilding, not for the raising of sumptuous houses; life, for the discharge of moral and religious duties, not for pleasurable indulgence; wealth, to be liberally bestowed, not avariciously hoarded; learning, to produce good actions, not empty disputes." This is religion, and politics can aid it by taking away those opportunities for the

Digitized by Google

strong or the cunning to amass wealth, and by giving an opportunity for every honest and industrious man to own a home and rear his family decently. Success in life is measured by success in *getting*—not much difference how. The "prominent citizen" is the one who has surrounded himself with possessions. True religion measures *inward* possessions rather than outward possessions. The conditions under which we live in this country stimulate avarice, greed, selfishness, arrogance, haughtiness and all the rank weeds in the human heart that it is the duty of religion to exterminate. Now and then a preacher perceives the great fact that the way to exterminate these things is to remove the conditions that favor their growth. When such a preacher is not a coward he does excellent service in his calling; then the "leading pillars" in his congregation "squirm" under his words, and he may occasionally be dismissed for doing the Lord's work in a too straightforward manner to suit those who do not wish to be disturbed in their affluence. But his words will be eternal—their echo will come back again and again, and finally be accepted; for truth can never be permanently crushed. Such a man is greater dismissed than many a retained bishop in his robes, easing the smitten conscience, or apologizing for things that he should condemn.

But I did not intend to preach a sermon when I sat down to write. I merely wanted to say that political questions are not necessarily partizan questions; and, while it is all right to consider in these columns political questions as they affect the medical profession of this country, it is not proper to consider them in a partizan way. They should be considered from the standpoint of a patriot and not a partizan.

* * * *

I wanted to leave the money question for awhile and give some attention to other subjects, but the receipt of the following letter changed my plan. Dr. Boswell has written me numerous and lengthy letters in the past several months, but they were of such an extreme partizan nature that I could not think of publishing them. He frankly says that he talks, writes, works and votes for the Republican party. I have urged him to express his conviction of truth in the interest of his country rather than his party. We want good ideas from every source, and we want every side represented. So it is only fair that I continue the money question longer than I intended, to give space to the following letter. He also contributes a letter on collections, published elsewhere in this issue.

Dr. Boswell is an earnest and able advocate, as you will see, and we want the best from every side. In a personal note accompanying the letter, the Doctor says: "I would just as soon you would say Republican as 'gold bug,' they are one and the same with you, and you aim it as such." This is a great mistake. President Cleveland and his entire cabinet, with the single exception of Secretary Smith, who resigned, were on the gold side; also all the leading Democratic papers of the East, with one single exception; on the other hand, a number of Republican newspapers, senators, congressmen—many of the ablest—are and have been earnest opponents of the gold standard. But here is the letter:

Editor MEDICAL WORLD:—If there be such a thing as a double standard—or multiple, for that matter—why was it, when we were said to have it from 1792–1873, that both metals—standard dollars and gold—did not circulate side by side?

Why was it *all* silver from 1792 to 1834, *all* gold from 1834 to 1873 or 1878? If we had free and unlimited coinage of silver on bullion owners' account, and new discoveries and production of gold should reduce the commercial ratio, so that a standard dollar should be worth three to five cents more than a gold dollar as it has been in the past, how will you proceed to get the silver coined when it is worth more as bullion, and coinage left to the sweet will of bullion owners? If a double standard is not a myth, why were not standard dollars and gold working side by side of *equal* value from 1792–1873?

If legislation can put value into or gives it its value, why was the gold in a gold dollar worth more than the silver in a silver dollar from 1792–1834? Why was the silver in a silver dollar worth more than the gold in a gold dollar from 1834–1873? It would seem that eighty-one years of failure to keep them together, eighty-one years of double standard, so called, but single standard all the while, ought to be evidence sufficient that it was a myth as far as this country is concerned, and is simply trying to do the impossible.

The cry that we had bimetallism up to 1873 is not true in its true sense; we had, in form and theory, but not in reality; only one metal circulating at a time. We never had true bimetallism in this country until *since* 1873. Never prior to that time did gold and silver travel side by side and of equal purchasing value. There is all the difference in the world between limited and unlimited coinage of silver. Limited coinage on government account *gives the country silver*, about eighty times since '73 what unlimited on bullion owners' account did in the previous eighty-one years. Silver coined and uttered by the government on its obligations, altho intrinsically worth less than forty-five cents now, but paid out at one hundred cents, the government is as much bound to make that fifty-five cents good, even to paying it in gold, as it is to make equally good the one hundred cents in a greenback; free and unlimited on bullion owners' account, the government simply grinds the silver thru the mint as a miller grinds a farmer's wheat and each carries it

Digitized by Google

away. The government is not behind these dollars at all; it is with the owner of them to keep them good or at par if he can. Uncle Sam is not surety for the fifty-five cents on them. Minting gives no value to the bullion. Grinding 371¼ grains of silver thru the mint adds no more value to bullion than grinding sixty pounds of wheat adds value or increases price of wheat. Limited coinage on government account means one hundred cent dollars, free and unlimited on bullion owners' account means dollars worth their buliion value and no more. "Free and unlimited regardless," etc., would certainly mean a sawed off dollar. The last report of the United States mint shows twice as many standard dollars coined in the last fiscal year as in eighty-one years prior to '73, and still silver is "struck down."

The wildest imagination cannot deny that "free and unlimited coinage of silver regardless," etc., will instantly take out of circulation at least one billion of dollars, and then we *would* have what is your contention—a contraction of the currency; and here comes in the trouble of arguing with a man who does not believe in the intrinsic value of money. You would fill the chasm with "scientific money," which is more fallacious than free and unlimited silver. I think a man is wasting valuable time in advocating *anything* that will take the place of gold and silver as money; they have been used as such from time immemorial, and seem more firmly rooted with the nations of the earth than ever before, and whether right or wrong, scientific or unscientific, why buck the immutable law and customs of the earth, that *money* shall intrinsically be worth its face? There never will be a time when a majority of the commercial earth will agree to or accept anything as money that has no intrinsic value and is not capable of subdivision by weight. I don't believe the time will ever come that a majority of the people of the United States will ever be in favor of anything so suicidal.

In your October talk on "Causes of Good and Bad Collections," while I don't think you aim to be unfair, I think you omitted the *one essential* in your effort to saddle it on to gold. All agree that 91–92 were good years; why such an *instant* change from good to bad, when we were under the gold standard all the while? Why the sudden stopping of wheels and spindles and workingmen made tramps? Why the fires going suddenly out of the furnaces? Why were soup houses so suddenly needed? Why does a working man eat less when he is tramping than when at work? He would certainly not be "*less hungry*." Will his increased appetite pay for the grub? Will you not be candid enough to get down off your hobby long enough to tell us why the sudden change after '92 and its continuance during '93–94–95–96 and then almost as suddenly start the other way in '97 and all the time under the horrible gold standard? Will you tell us please why out here in the West potatoes are more than twice the price of last year, corn as much again, wheat double, hogs $1.00 a hundred more, fat cattle $1.50, sheep as much again, and wool almost double in price—India don't eat wool? All this remember is being paid for in that wonderful 200-cent gold dollar, the same that we had in '91–92. There seems to be a connecting link somehow with '92 and '97. Conditions are getting to be so similar there undoubtedly must be some great underlying cause. If the rise in products was confined to wheat alone we might ascribe it to India; but a failure of wheat in India would not leave them in a shape to pay increased prices for our potatoes, hay, hogs, cattle, sheep and wool; nor will it account for the sudden hump the wheels and spindles are getting on themselves; the lighting up of innumerable furnaces that have almost had the paralysis of death for a spell past; the sudden conversion of tramping working men into busy artizans eating once more good, square American meals; bringing back those other workingmen who were compelled to go into competition with the farmer and dig their living out of mother earth and making of them consumers instead of producers of farm products; do you honestly believe all this due to a shortage of foreign wheat crops? Do you honestly believe that 3–5 million of idle men turned into busy workmen will make no increased demand for the farmers' products?

Out here in Kansas and Nebraska the rise in products has put the farmers out of debt; the barrels of briny tears shed over them for their oppression by the gold standard were wasted, worse than wasted. They are loaners of money now and depositors in banks; instead of debtors they are creditors. When they were bound down by debt, poor crops, and poorer prices from causes I have depicted above, a sawed-off dollar had quite a charm to a great many of them; but now, when the dollars are coming their way, the famous 200 cent dollar has no *terrors to them*; in fact they hanker after them, and now they consider the very best dollar none too good. The year of our Lord 1897 is a bad time to try to convince the farmer of the West that there is no difference now and between '93–94–95–96, when he carries away with him double the swag for what he sells. In '93–94–95–96 was a propitious time on account of three crop failures to poison the farmers in the West with repudiation schemes; but now, when he hauls his grain, hay, potatoes, and drives his fat cattle and sheep to market and sells his wool, and notes the different size in his pile of money, he wonders from all he has heard, "*how* it can be without the free and unlimited coinage of silver regardless?" *How* such a thing could possible occur under the 200-cent dollar? It is enough for him that it has occurred, after he was told on hundreds of rostrums and stumps that if free silver was not successful last fall, he would take this year 25 cents a bushel for his wheat,

Digitized by Google

and the gold standard would drag everything else down in proportion. He is now in a deep brown study to satisfy himself whether the fellows who told him all this rot, were simply *false* prophets, or *wilful* deceivers.

Fine spun theories are very nice, but passing events and causes and effects are more convincing than all the plausible theories in the world. In times like '93–94–95–96 this single gold standard bug-a-boo you set up would catch some people who forget that the most prosperous period this country ever saw was under the gold standard, and why, pray tell me, should not the same conditions prevail now as in' 91–92? They could not in '93–94–95–96.

Wisner, Neb. D. BOSWELL.

* * * *

I have never contended that free and unlimited coinage of both gold and silver would maintain their relative values *exactly*, but approximately. The variation in the 81 years was very slight, and not all one way. The change from one to the other was easy and automatic. It might have been done a dozen times without disturbance, just as in 1834, that the Doctor speaks of. The fact that the other metal is available is the controlling factor, and will not allow them to get far apart. But since the demonetization in 1873, gold has gone up and silver down, constantly, until now they are *far* apart. Legislation kept them approximately together up to 1873, and as a result of legislation then they are now far apart. "Limited coinage on government account" is entirely a different thing. It makes the silver dollar a token dollar, and not money of final redemption. The only difference between a paper token dollar and a silver token dollar is that at present the token part of a silver dollar is about 60 cents, while the token part of a paper dollar is 100 cents. It takes a gold dollar to redeem either as long as we have the forced gold standard; so our token dollars may as well be of paper as of silver. Equality at the mint makes the demand the same, hence approximately the same value. If all the mills were to be closed against wheat its price would very rapidly decline. Its present principal use would be cut off, as in the case of silver. That is, the demand would decline, and hence its price would decline.

During every panic, clearing house certificates very "scientifically" and satisfactorily take the place of gold and silver among the banks of New York.

* * * *

I have expressed the opinion that a "promise to receive" would be sufficient to maintain the value of all our money. I have advocated that the phraseology on our greenbacks be changed from "promise to pay" to "promise to receive"; then it would not be necessary to maintain a gold reserve for their redemption—yet the "promise to receive" on the part of the government would be sufficient to maintain their value equal to gold. We know that silver dollars, silver certificates and Treasury notes are used every day as tho they were gold, their value being maintained equal to gold, yet the government has never redeemed any of them in gold—the fact that they are received at gold value by the government being sufficient to maintain that value. See the following correspondence.

PHILADELPHIA, PA., Nov. 1, 1897.

To the Secretary of the U. S. Treasury, Washington, D. C.

DEAR SIR:—Does the United States Treasury redeem silver dollars, silver certificates and Treasury notes (coin certificates) in gold? If so will you kindly inform me where application can be made for such redemption?—perhaps at any of the sub-treasuries.

If the United States Treasury does not redeem silver dollars, silver certificates and Treasury notes (coin certificates) with gold, how can they be said to rest upon a gold basis? If they are not redeemable in gold, and hence if they do not rest upon a gold basis, how is their parity with gold maintained?

I do not ask the above with any view to demand gold in exchange for silver dollars, silver certificates or Treasury notes, nor do I ask through curiosity. I ask for an important purpose, and I trust that you will give me an early reply, however brief the reply may be.

Very respectfully,

C. F. TAYLOR.

TREASURY DEPARTMENT,
OFFICE OF THE SECRETARY,
WASHINGTON, D. C., November 4, 1897.

MR. C. F. TAYLOR,
1520 Chestnut street,
Philadelphia, Pa.

SIR:—In reply to your letter of the 1st instant, you are informed that the Department does not make a practice of redeeming silver dollars or silver certificates in gold. There is no law requiring such redemption. There is, however, the following legislative declaration in Section 2 of the act of July 14, 1890: "The Secretary of the Treasury shall, under such regulations as he may prescribe, redeem such notes in gold or silver coin, at his discretion, *it being the established policy of the United States to maintain the two metals on a parity with each other.*"

But while the Government does not specifically redeem either silver dollars or silver certificates in gold, it receives them the same as gold in payment of all debts due to the United States. This amounts to a practical daily redemption of such dollars and certificates in large amounts.

It may be added that it was officially declared by the late Secretary of the Treasury that, "although silver dollars and silver certificates have not, up to the present time, been received in exchange for gold, yet, if the time shall ever come when the parity cannot be

Digitized by Google

otherwise maintained, such exchanges will be made."

This would, no doubt, be the rule of action now if required to maintain the parity. Such a contingency, however, has not yet arisen, and so far as can now be seen is not likely to arise.

Respectfully yours,
L. J. GAGE,
Secretary.

Notice particularly the second paragraph of Secretary Gage's letter. This shows that a much larger amount* than the sum total of our greenbacks is now being maintained at gold value, not by payment redemption, but by reception redemption.

* * * *

Yes, I will tell "why the sudden change after 1892." The bankers were determined to stop the further extension of the use of silver as money. The purchasing clause of the Sherman act was still in their way, and they determined to remove it. They knew Mr. Cleveland to be a strong anti-silver man, and a very determined man. The advent of his administration was their time to act, and they did act. By the concerted withdrawing of loans, and by other means in their power, they created the great panic of 1893. That this was a bankers' panic is well known. Some authorities say that *all* panics are bank panics. This shows that the important function of exchange—the issuing of all money, banking and the control of money—should be out of private hands, and entirely under government control. The panic did its dreadful work, which was blamed upon silver (the banks have large control of the newspapers), and the President was induced to call an extra session of Congress to repeal the purchasing clause of the Sherman act, which was finally accomplished. The full details of this black and villainous scheme are given in a book called "The Bankers' Conspiracy," by J. W. Shuckers, private secretary to Salmon P. Chase, Prest. Lincoln's great Secretary of the Treas. during the war. This book can be obtained from "The Stable Money Publishing Co.," 56 Fifth ave, Chicago, Ill., price 25 cents. I sent a copy of this book to Dr. Boswell.

The glowing picture of prosperity which the Doctor paints is exceedingly interesting reading. I wish that all our readers could testify to the same. Are prices of farmers' products any higher now than in '91–'92? They should be. The almost universal shortage of foreign crops this year should produce much higher prices for our products now than in 1891. Some think that wheat should be $2 a bushel instead of $1, and other things in proportion, to give us the full advantage of our exceptionally favorable situation at the present time. We will see how prices are when foreign crops become normal—next year, perhaps. I sincerely hope that Dr. Boswell can paint the same glowing picture of prosperity next year that he does this year, and I hope that we can all join him in it.

* * * *

Here are two facts that have a meaning in connection with our vexed gold and silver questions. Platinum is a rare and valuable metal. It has nearly doubled in price in the last few years, but commerce is not disturbed, newspapers are not discussing it, and people are not talking about it. Very few know it, and still fewer care. Aluminium is a very useful metal. By improved methods of production, its price has been reduced many fold in the past few years. But this does not disturb trade. There has been no fever of excitement over either of these metals. But with the frenzy of desperation men go to Alaska, facing dangers and privations to search "the waste places of the world" for a metal to which our laws have given a ridiculously fictitious value. If it should be found in great quantities, commerce, all our trade relations and all values would be profoundly disturbed! Surely there must be a better way of regulating our affairs than this.

The instrument of exchange should be controlled by neither the mine owner nor the banker; but by the general government, to serve impartially all the varied interests of this great country.

In the early 60's our country passed thru the dreadful horrors of civil war; and one of the most valuable results of the war was a national currency, issued by the government and belonging entirely to the people. It was not perfect, for it bore a "promise to pay," thus being mortgaged to gold and silver mine owners. But it had uniform value in every part of the country, it served the purposes of commerce, it paid the soldiers, and was the instrument of success, without which failure would have been probable. But capitalists, particularly bankers and financiers (in their *own* interests, and not in the people's) have always wanted to kill this "Savior of the Republic." Soon after the war the Secretary of the Treasury began to burn the greenbacks, and continued until checked by the vigorous protest of the people. The enemies of the people have ever since been scheming to destroy them, as they are in the way of the selfish ends of these people. The "Baltimore plan" and every other plan of reforming the currency proposed by professional financiers includes the retirement of the greenbacks and the substitution of bank currency. This is a good and safe plan—*for the financiers.* But we, the people, have a word to say about our own affairs. We want our own currency—the greenbacks. We want them im-

* The amount of currency of the kinds referred to, both in the Treasury and in circulation, is as follows: Silver dollars, $452,713,792; silver certificates, $384,170,504; Treasury notes, or coin certificates, $109,313,280; making in all $746,197,576, which has been maintained equal to gold, not by gold redemption, but, as Secretary Gage says, by the government receiving them "the same as gold in payment of all debts due to the United States." Then why cannot $346,681,016, the total amount of greenbacks, be maintained equal to gold without maintaining a gold reserve for that purpose?

Digitized by Google

proved by changing "promise to pay" to "promise to receive," thus freeing the gold reserve—and then we want enough of them to do business with on a cash basis, without using the fictitious currency called bank credit.

Let us begin with postal savings banks, then establish government depositories for larger amounts, and gradually take the entire banking function out of private hands entirely. True, thus the Government will then be in the banking business, but the banks will be out of the governing business.

In the November issue of the Farm Journal much attention is given to the subject of Postal Savings Banks and Parcels Post, and an active campaign is begun in their favor. Farmers are urged to sign and circulate petitions and send them to Washington. It makes me indignant to think that the men whom we elect to make laws have so long neglected the duties for which they have been sent to Congress. What is the use of having Congressmen if farmers have, after all, to take up the work which Congress ought to have done long ago? And now farmers can only *ask* that these things be done! If we had Direct Legislation we would not have to petition, but we could *vote* for these things, and Congressmen who waste their time on party caucuses, partizan legislation, and legislation favoring corporations and trusts, would soon find themselves voted out of office. In a republic, voters should have more rights than we have—the right to vote directly on questions, and to vote officers *out* as well as in. With our present system we have gotten far behind other countries. Shall we stay behind or try to find some better system?

What is *your* Congressman going to do this winter in regard to Postal Savings Banks? You can very easily let him know what you want him to do. Also your two Senators. Are you going to do it? I will grant that you should not have to do it, for the men who are sent and paid to do this work should do it, and do it right. But when a paid agent fails to act, what is the thing to do? Let him alone, and let him continue to serve himself and others instead of you, and *you* continue to pay him, and *he* continue to abuse and pervert the authority that you gave him? That's a strange way to do! But it is what we have been doing. First, write and tell your agent what you want him to do. If he doesn't do it, remonstrate with him, and threaten his defeat at next election. Unfortunately, this is all we can do now. If we had the Imperial Mandate we could at once stop his salary and strip him of the authority vested in him.

I am just in receipt of a long and very interesting letter from Senator Marion Butler, of North Carolina, on the subject of Postal Savings Banks. I wish I had room to publish it in full here. He has given more extensive study to this question than any man in Congress. He has carefully examined the systems of other countries and united the best features of all in his bill now before the Senate (Senate Bill 2369). It was he who, by a series of resolutions introduced into and urged thru the Senate, caused the State Department to gather information upon this subject from other countries, thru our consuls, and submit it to the Senate; these resolutions also "stimulated" the Postmaster-General on this subject, who, in his report just published, advocates postal savings banks, and publishes much of the information gathered by Senator Butler's resolutions. The Senator included in his resolutions Postal Telegraphs also, so that information will be at hand for the active prosecution of that problem as soon as the savings banks are secured.

There will probably be a number of bills on this subject before Congress this winter, and we must be on the lookout for some that will be drawn for partizan advantage, or in the interest of banks, rather than for the service of the people and in the true interest of the country. The Bankers' Magazine opposes Postal Savings Banks, and as they are sure to come, efforts will be made to favor the banks as much as possible. The Senator writes: "Of course, the banks will be very anxious to get hold of these funds at a very low rate of interest, so that they could make money by simply loaning it out again at a high rate of interest; this would discourage people from depositing in savings banks if they thought they were simply accumulating a fund to be speculated on by the bankers."

Write to your congressman or senator, or to Senator Butler, for Senate Document No. 154, which gives sixty-one pages of official information concerning the Postal Savings Banks of other countries. Also ask you congressman and senators to vote for Senate Bill No. 2369.

Our Library Table.

"ESSENTIALS OF BACTERIOLOGY;" by M. V. Ball, M D. Third edition, revised. Published by W. B. Saunders, Philadelphia. Price, $1.

This is a neat volume of 218 pages, with 81 illustrations, some in colors, and fine plates. It is the most useful work on this subject that we have seen, as it treats every branch of the subject concisely and plainly. It is not for specialists, but distinctly for practitioners and students. Plain directions are given for making cultures, and all needful information is given regarding every important micro-organism, and each one is well illustrated. It is useful as a hand book or a reference book.

"PATHOLOGICAL TECHNIQUE;" by F. B. Mallory, A. M., M. D. and J. H. Wright, A. M., M. D. Published by W. B. Saunders, Philadelphia. Price, $2.50, net.

This is a handsome volume of 397 pages and 105 illustrations. The first 69 pages are given

Digitized by Google

to post mortem examinations, with full instructions, and the remainder of the book is given to bacteriological examinations, with careful instructions as to technique, generously illustrated.

"A TEXT BOOK OF THE PRACTICE OF MEDICINE;" by J. M. Anders, M. D., Professor of the Practice of Medicine in the Medico-Chirurgical College, Philadelphia. Published by W. B. Saunders, Philadelphia. Price, $5 50, net.

This is a voluminous and exhaustive book of 1,287 pages. We find it carefully classified, giving all the scientific aspects of the present state of medical science in full detail. But, like the rest of the books, on treatment it is conservative, and in some respects behind. For example, out of 49 pages given to typhoid fever, about half a page is given to intestinal antisepsis, in which it is spoken of in a mild and uncertain way. The profession must look to the current periodicals and not to the books for the latest and best treatment. For example, THE MEDICAL WORLD in the last few months has contained more real help in the treatment of typhoid fever than any book we have seen. But the books have their place of usefulness. It is important to post up occasionally on points on pathology, diagnosis, etiology, etc., and for this purpose some late and reliable book is indispensable. Dr. Anders' contribution in this direction is valuable. In the treatment of pneumonia he gives hydrotherapy a prominent place—not the cold bath, but the gradually cooled bath. Concerning the antitoxin treatment of diphtheria he says (page 192): "This has now passed beyond the stage of uncertainty and experimentation, and must be regarded as one of the most positive advances made in practical medicine."

"A TREATISE ON APPENDICITIS;" by Jno. B. Deaver, M.D. Published by P. Blakiston, Son & Co., Philadelphia. This is the standard work on appendicitis. Copiously illustrated, both in black and white and in colors.

"TREATMENT OF UTERINE FIBROIDS;" by F. H. Martin, M. D. Published by the W. T. Keener Co., Chicago. Price, $1 net. This is a strong, neat book of 174 pages, amply illustrated. It treats all the divisions of its subject plainly and thoroly. It is a very practical and useful book. To those doing this kind of work, or contemplating doing so, it has a value far above its price.

Practical Points.

MESSRS. I. O. WOODRUFF & CO. write to us that more readers of THE MEDICAL WORLD write to them concerning their preparations than those of any other medical journal. Does this indicate that there are more readers of THE MEDICAL WORLD than of any other journal? or that our readers are more inquiring and enterprising than the readers of other journals? Both are perhaps true. See the Woodruff page.

YOU want some things to last always, but not pills. When you give them, you want them to cease to be pills as soon as possible after the patient takes them. You can crush Upjohn's pills under your thumb, but other pills you can drive into a board. Which do you think will last the longest in a patient's stomach?

ISAAC PHILLIPS for instruments. See his adv. in this issue.

THE advs. of Rio Chemical Co. are always easy to read—they are set in large, plain type. They don't say much, but they think it worth while to say it *loud*. See what they say this month.

WE acknowledge the receipt of a unique sample case with samples of antikamina in powders, and it and its combinations in tablets. The enterprise of our antikamina friends is irrepressible. We are told that one of these cases was sent to every physician in the country, so we suppose that you got one. If not, you should see that your name is on their list.

THOSE irritable throats and annoying coughs that so many of your patients are now having annoy you as much as the patients. You have often wanted a "sure shot" for them. Try Mercer's Troches. We think they will prove to be just what you want. See adv.

BLOOD is liquid life. Bovinine supplies it. Is it right that you should allow protracted cases to linger without it? In Sound View Hospital, Stamford, Conn., bovinine is relied on very largely for patients of various kinds. Bovinine is indicated in perhaps four-fifths of people who are sick, and also in a great many who do not consider themselves sick, but who are going about pale and sallow. Don't let your patients suffer for want of what you know will do them good.

THE price of chickens and eggs has kept up better during the hard times than the average of farm products, yet there has been an improvement in the production of chickens—by means of the incubator. If interested, send to the Reliable Incubator Co., Quincy, Ill., for catalog of 224 pages. On page 99 a baby incubator is illustrated and described.

SEE vapo-cresolene, on page v, and send for booklet.

FLAVELL for elastic stockings and all sorts of supports. They confine their attention to supporting weak parts, and they know how to do it well, and fit accurately. Many of your patients need supports. Many old people among your clientele need such things but don't know about them. You will serve them by making suggestions.

HAVE you sent for those pleasant candy cascarets yet, to carry with you to give to children and others with sensitive stomachs

(Continued over next leaf.)

Digitized by Google

Digitized by Google

Digitized by Google

Digitized by Google

Digitized by Google

Digitized by Google